

EDUCATION GRANT AWARD

Lodge Name and Number: _____

1. Recipients Name: _____
High School Senior (Yes/No): _____
College or Institution: _____
Amount Lodge will Contribute: \$ _____

2. Recipients Name: _____
High School Senior (Yes/No): _____
College or Institution: _____
Amount Lodge will Contribute: \$ _____

Amount Requested from Benevolent Fund (Same as TOTAL Lodge contribution on 1 & 2 above up to **\$ 500.00**): \$ _____

Total amount of Lodge Check to Student (total of the Lodge & Benevolent Fund contributions): \$ _____

Is the Lodge Secretary's name or address different from the current Colorado Masonic Directory? **If yes, please complete the bottom portion of this form.**

If you would like the Scholarship Administrator to prepare and send an Award Certificate to you, please provide the following:

Desired date of presentation 1. _____ 2. _____

Presentation location (City) 1. _____ 2. _____

NOTE: THE APPLICATION FORMS MUST BE SENT TO THE SCHOLARSHIP ADMINISTRATOR AT 2445 SOUTH QUEBEC STREET, DENVER, COLORADO 80231 AND BE POSTMARKED NO LATER THAN JUNE 30, 2010.

Please prepare two copies, send only **ONE** to the Scholarship Administrator and keep one copy for the lodge records. The certificate and reimbursement check will be sent to the Lodge Secretary.

Lodge Secretary's name and address: * *Only if different from the information in the current Colorado Masonic Directory*

Name: _____

Address: _____

City: _____ State: CO Zip: _____ Phone (_____) _____