



**THE ARKANSAS KNIGHTS TEMPLAR EDUCATIONAL**

**FOUNDATION Please Print Clearly or Type All Answers**

**PERSONAL DATA**

Name: \_\_\_\_\_  
*Last First Middle*

Permanent Address: \_\_\_\_\_  
*Street City County State Zip*

University/College Address: \_\_\_\_\_

Phone Number (applicant's Permanent): (\_\_\_\_) \_\_\_\_\_ University: (\_\_\_\_) \_\_\_\_\_

Alternate Phone Number(s) (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Ethnic Background: \_\_\_\_\_

College Student ID No.: \_\_\_\_\_ I am a legal resident of \_\_\_\_\_  
*State Country*

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ Are you paying non-resident tuition? \_\_\_\_\_

List Dependents \_\_\_\_\_

Military Service \_\_\_\_\_ If yes Branch etc. \_\_\_\_\_

Have you ever been convicted of a Felony? Yes or No If yes explain on separate sheet.

**EDUCATION HISTORY**

Name and Location of Institution	Date Attended	Graduated		Major	Classification
		Yes	No		
High School or G.E.D. _____	From _____	_____	_____	_____	_____
_____	To _____	_____	_____	_____	_____
College or University _____	From _____	_____	_____	_____	_____
_____	To _____	_____	_____	_____	_____
Vocational or Technical School _____	From _____	_____	_____	_____	_____
_____	To _____	_____	_____	_____	_____

SAT \_\_\_\_ ACT \_\_\_\_ College Entrance Exam Scores \_\_\_\_: Current (last full-time semester) GPA \_\_\_\_ Overall GPA: \_\_\_\_

EXPECTED GRADUATION DATE: \_\_\_\_\_ DEGREE \_\_\_\_\_

List academic achievements or honors received and year \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Educational institution you attend or plan to attend \_\_\_\_\_

Describe briefly the major course of study you are pursuing (or propose to pursue) in college, university or vocational/technical school, and your reasons for choosing this course of study. Use extra sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST BELOW YOUR ACTIVITIES IN CHURCH, SCHOOL AND COMMUNITY; SUCH AS, PUBLICATIONS,  
CLUB WORK, STUDENT GOVERNMENT, ATHLETICS, HONOR SOCIETIES, ETC.**

ACTIVITY/YEARS

SPECIAL RECOGNITION, OFFICE HELD


List below the jobs you have held (Beginning with the most recent)

<u>Dates of Employment</u>	<u>Name and Address of Employer</u>	<u>Phone Number</u>	<u>Position Held</u>	<u>Reason for Leaving</u>
1) _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you applied for or received other scholarships, grants or stipends? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state name and amount \_\_\_\_\_ How are you financing your education? \_\_\_\_\_

**FAMILY DATA**

FATHER/GUARDIAN

MOTHER/GUARDIAN

Name: _____	Name: _____
Home Address: _____	Home Address: _____
City/State/Zip: _____	City/State/Zip: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Business Address: _____	Business Address: _____
City/State /Zip: _____	City/State /Zip: _____
Phone: Home: _____	Phone: Home: _____
Business: _____	Business: _____

List any Masonic Affiliation. (Use additional sheet if necessary) \_\_\_\_\_

Master Mason recommendation: Print Mason's Name: \_\_\_\_\_

Recommender's Signature \_\_\_\_\_ Lodge Name & No. \_\_\_\_\_

**SIBLINGS:**      **NAME**                                      **Date of Birth**                                      **SCHOOL OR OCCUPATION**


DATE

SIGNATURE

How did you learn about this Scholarship? \_\_\_\_\_

**THE ARKANSAS KNIGHTS TEMPLAR EDUCATIONAL FOUNDATION**

**FINANCIAL INFORMATION**

LIST YOUR EDUCATIONAL EXPENSES FOR ACADEMIC YEAR 20\_\_\_\_\_ TO 20\_\_\_\_\_

TUITION	\$ _____
FEES	_____
BOOKS/SUPPLIES	_____
ROOM AND BOARD	_____
OTHER EXPENSES (EXPLAIN)	_____
TOTAL	\$ _____

LIST YOUR ANTICIPATED INCOME FOR ACADEMIC YEAR 20\_\_\_\_\_ TO 20\_\_\_\_\_

FAMILY CONTRIBUTION	\$ _____
APPLICANT'S SALARIES/WAGES	_____
OTHER AWARDS/SCHOLARSHIPS	_____
PERSONAL SAVINGS	_____
STUDENT LOAN(S)	_____
OTHER INCOME (EXPLAIN)	_____
TOTAL	\$ _____

Other information relevant to your scholarship application (use additional paper if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE ARKANSAS KNIGHTS TEMPLAR EDUCATIONAL FOUNDATION  
INFORMATION RELEASE FORM  
INSTRUCTOR REFERENCE FORM**

RETURN TO STUDENT OR MAIL DIRECTLY TO: **The Arkansas Knights Templar Educational Foundation  
P.O. Box 3526, Little Rock, AR 72203**

I \_\_\_\_\_  
*STUDENT'S NAME* *COLLEGE STUDENT I.D.#*

give my permission for my past and present instructor \_\_\_\_\_  
to furnish information to THE ARKANSAS KNIGHTS TEMPLAR EDUCATIONAL FOUNDATION.

The above student has applied for a scholarship through THE ARKANSAS KNIGHTS TEMPLAR EDUCATIONAL FOUNDATION. Please furnish the committee with the following information. Please try to make your remarks in statement form instead of a one word reply. Your assistance in this request is appreciated.

1. CHARACTER/MORALS/INTEGRITY:
  
2. ATTENDANCE:
  
3. PUNCTUALITY:
  
4. ATTITUDE:
  
5. CLASS PARTICIPATION:
  
6. WORK HABITS:
  
7. THEORY CAPABILITIES:
  
8. LEADERSHIP QUALITIES:
  
9. GRADE POINT AVERAGE:
  
10. HOW MANY SEMESTERS/QUARTERS HAVE YOU HAD THIS STUDENT?
  
11. WOULD YOU RECOMMEND THIS STUDENT FOR A SCHOLARSHIP?
  
12. WOULD YOU HIRE HIM/HER AS AN EMPLOYEE?

INSTRUCTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_ COLLEGE/UNIVERSITY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ ADDRESS \_\_\_\_\_

LIST ANY MASONIC AFFILIATIONS. \_\_\_\_\_

**THE ARKANSAS KNIGHTS TEMPLAR EDUCATIONAL FOUNDATION  
INFORMATION RELEASE FORM  
INSTRUCTOR REFERENCE FORM**

RETURN TO STUDENT OR MAIL DIRECTLY TO: **The Arkansas Knights Templar Educational Foundation  
P.O. Box 3526, Little Rock, AR 72203**

I \_\_\_\_\_  
*STUDENT'S NAME* *COLLEGE STUDENT I.D.#*

give my permission for my past and present instructor \_\_\_\_\_  
to furnish information to THE ARKANSAS KNIGHTS TEMPLAR EDUCATIONAL FOUNDATION.

The above student has applied for a scholarship through THE ARKANSAS KNIGHTS TEMPLAR EDUCATIONAL FOUNDATION. Please furnish the committee with the following information. Please try to make your remarks in statement form instead of a one word reply. Your assistance in this request is appreciated.

1. CHARACTER/MORALS/INTEGRITY:
  
2. ATTENDANCE:
  
3. PUNCTUALITY:
  
4. ATTITUDE:
  
5. CLASS PARTICIPATION:
  
6. WORK HABITS:
  
7. THEORY CAPABILITIES:
  
8. LEADERSHIP QUALITIES:
  
9. GRADE POINT AVERAGE:
  
10. HOW MANY SEMESTERS/QUARTERS HAVE YOU HAD THIS STUDENT?
  
11. WOULD YOU RECOMMEND THIS STUDENT FOR A SCHOLARSHIP?
  
12. WOULD YOU HIRE HIM/HER AS AN EMPLOYEE?

INSTRUCTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_ COLLEGE/UNIVERSITY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ ADDRESS \_\_\_\_\_

LIST ANY MASONIC AFFILIATIONS. \_\_\_\_\_

**THE ARKANSAS KNIGHTS TEMPLAR EDUCATIONAL FOUNDATION  
INFORMATION RELEASE FORM  
INSTRUCTOR REFERENCE FORM**

RETURN TO STUDENT OR MAIL DIRECTLY TO: **The Arkansas Knights Templar Educational Foundation  
P.O. Box 3526, Little Rock, AR 72203**

I \_\_\_\_\_  
*STUDENT'S NAME* *COLLEGE STUDENT I.D.#*

give my permission for my past and present instructor \_\_\_\_\_  
to furnish information to THE ARKANSAS KNIGHTS TEMPLAR EDUCATIONAL FOUNDATION.

The above student has applied for a scholarship through THE ARKANSAS KNIGHTS TEMPLAR EDUCATIONAL FOUNDATION. Please furnish the committee with the following information. Please try to make your remarks in statement form instead of a one word reply. Your assistance in this request is appreciated.

1. CHARACTER/MORALS/INTEGRITY:
  
2. ATTENDANCE:
  
3. PUNCTUALITY:
  
4. ATTITUDE:
  
5. CLASS PARTICIPATION:
  
6. WORK HABITS:
  
7. THEORY CAPABILITIES:
  
8. LEADERSHIP QUALITIES:
  
9. GRADE POINT AVERAGE:
  
10. HOW MANY SEMESTERS/QUARTERS HAVE YOU HAD THIS STUDENT?
  
11. WOULD YOU RECOMMEND THIS STUDENT FOR A SCHOLARSHIP?
  
12. WOULD YOU HIRE HIM/HER AS AN EMPLOYEE?

INSTRUCTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_ COLLEGE/UNIVERSITY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ ADDRESS \_\_\_\_\_

LIST ANY MASONIC AFFILIATIONS. \_\_\_\_\_

**THE ARKANSAS KNIGHTS TEMPLAR EDUCATIONAL**

**FOUNDATION PERSONAL REFERENCE FORM**

Applicant's Name: \_\_\_\_\_

1. How long have you known the Applicant? \_\_\_\_\_

2. Are you related?\_\_\_\_\_ If Yes, what is your relationship? \_\_\_\_\_

3. Do you know Applicant's family? If yes, how long? \_\_\_\_\_

4. Do you consider this scholarship necessary? \_\_\_\_\_

5. Do you consider Applicant of good moral character? \_\_\_\_\_

6. Family's financial condition? \_\_\_\_\_

7. Family's general reputation in the community? \_\_\_\_\_

Any further remarks you think may assist the Committee in the consideration of this application: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

List Masonic Affiliations: \_\_\_\_\_

Return to student or mail directly to: **The Arkansas Knights Templar Educational Foundation**  
**P.O. Box 3526, Little Rock, AR 72203**



**THE ARKANSAS KNIGHTS TEMPLAR EDUCATIONAL**

**FOUNDATION PERSONAL REFERENCE FORM**

Applicant's Name: \_\_\_\_\_

1. How long have you known the Applicant? \_\_\_\_\_

2. Are you related?\_\_\_\_\_ If Yes, what is your relationship? \_\_\_\_\_

3. Do you know Applicant's family? If yes, how long? \_\_\_\_\_

4. Do you consider this scholarship necessary? \_\_\_\_\_

5. Do you consider Applicant of good moral character? \_\_\_\_\_

6. Family's financial condition? \_\_\_\_\_

7. Family's general reputation in the community? \_\_\_\_\_

Any further remarks you think may assist the Committee in the consideration of this application: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

List Masonic Affiliations: \_\_\_\_\_

Return to student or mail directly to: **The Arkansas Knights Templar Educational Foundation**  
**P.O. Box 3526, Little Rock, AR 72203**

**THE ARKANSAS KNIGHTS TEMPLAR EDUCATIONAL**

**FOUNDATION PERSONAL REFERENCE FORM**

Applicant's Name: \_\_\_\_\_

1. How long have you known the Applicant? \_\_\_\_\_

2. Are you related?\_\_\_\_\_ If Yes, what is your relationship? \_\_\_\_\_

3. Do you know Applicant's family? If yes, how long? \_\_\_\_\_

4. Do you consider this scholarship necessary? \_\_\_\_\_

5. Do you consider Applicant of good moral character? \_\_\_\_\_

6. Family's financial condition? \_\_\_\_\_

7. Family's general reputation in the community? \_\_\_\_\_

Any further remarks you think may assist the Committee in the consideration of this application: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

List Masonic Affiliations: \_\_\_\_\_

Return to student or mail directly to: **The Arkansas Knights Templar Educational Foundation**  
**P.O. Box 3526, Little Rock, AR 72203**