Grand Commandery of Knights Templar of Oklahoma

www.okyorkrite.org scholarship@okyorkrite.org

scholarship@okyorkrite.org Tulsa, OK 74147-1302

John E. King

Grand Commander

(918) 928-2356(Office)

Jon B. Greene Grand Recorder

2024 SCHOLARSHIP APPLICATION RULES

P.O. Box 471302

- 1. Applicant must be a graduating high school senior, college undergraduate, post-graduate, or vocational student.
- 2. Scholarships apply to any accredited college or university within or outside of Oklahoma. State accredited Trade or Vocational schools are eligible.
- 3. All applications must be filled out completely! Applications and letters will not be returned.
- 4. Applications must be emailed to scholarship@okyorkrite.org by **February 9, 2024**. No applications will be accepted that are sent to the PO Box.
- 5. Subsequent scholarship applications may be submitted.
- 6. G.P.A. of 2.5 on a 4.0 scale must be maintained for subsequent scholarship applications.
- 7. Scholarships awarded will be deposited with the applicant's school of choice. It may be drawn on for tuition, books, supplies, and other educational costs. The scholarship amount may be adjusted for students with less than a full-time schedule.

THE KNIGHTS TEMPLAR EDUCATIONAL FOUNDATION:

AWARD FOR SCHOLASTIC ACHIEVEMENT APPLICATION

This is a highly competitive award, and all completed applications will be considered. Please type the application or print in ink. Do not use a pencil. Incomplete applications will not be considered.

<u>P</u>	ERSONAL DATA	A Male:	Female:				
Last Name:		First:		MI			
Email Address:		Telephone:					
Address:		City:	State:	Zip:			
		ELIGIBILIT	<u>ΓΥ</u>				
To be eligible to receive an a college degree, graduate, or t			Foundation, the Applicant n	nust be pursuing a 2 or 4-year			
		MISSION STATE	EMENT				
The Knights Templar Education race, religion, national origin students regardless of their fi	, gender, or Masonic t	ies or affiliation. Appl		s or grants without regard to age, s citizen and is open to all			
	<u>HIC</u>	GH SCHOOL API	PLICANTS				
High School							
Address							
	de your cumulative G.			nust be evidenced by an attached			
G.P.A.	on a scale of						
S.A.T. Scores: Math:	Verbal:	If not available, plo	ease explain:				
A.C.T. Assessment Score: _							
Principal or Guidance Couns	selor furnishing a refer	ence:					
Name:	Addr	ess:					

Note: OFFICIAL TRANSCRIPT MUST ACCOMPANY THIS APPLICATION.

I AM PLANNING TO ATTEND

Name of College/University/Business Trade School:			
Address:			
Expected student status: (check one) Full Time: Pa	art Time:	E	nrolled for next year:
Class enrolled: Freshman: Sophomore: Ju	ınior:	Senior:	Other:
Major course of study:			
Minor course of study:			
Do you anticipate transferring or attending a different post secondary	ary school than	n the one list	ted above?
Yes: No: If yes, list name of post school:			
COLLEGE, GRADUATE SCHOOL,	, OR TRADE	E SCHOO	L APPLICANTS
College, University or Trade School:			
Address:			
Grade Point Average: Provide your cumulative G.P.A. for your las This must be evidenced by an attached transcript. Circle the G.P.A.			r. G.P.A.:
Major courses of study:			
Minor course of study:			
Expected date of graduation from college or trade school:			
Do you plan to attend graduate school? W	/hen?		
Proposed graduate school name:			
Course Study Estimated graduation date:			
Note: OFFICIAL TRANSCRIPT MUST ACCOMPANY THIS	S APPLICATI	ION	
ABOU	U T YOU		
List all academic awards and or honors received:			
State your primary educational goal:			
Should you receive a monetary award, how would you use this aw	ard to further y	your educati	on?
(use a separate sheet of paper if necessary)			

YOUR FINANCIAL NEEDS

Do not leave any questions blank. Provide a reason	nable estimate if	actual figures are not available.		
Annual Educational Expenses				
Tuition and Fees \$		Transportation \$Books & Supplies \$		
Room and Board \$				
Other expenses explain				
•	•	have been approved and will receive this academic year.		
		\$		
(use a separate sheet of paper if necessary)				
How much will you contribute towards your total	expenses			
Savings and investments	\$			
Summer employment	\$			
Part-time work during the school year	\$			
Parents/legal guardian contribution	\$			
Other assistance (loans, etc.):				
Name:		Amount \$		
Name:		Amount \$		
Name:		Amount \$		
Name:		Amount \$		
Name:		Amount \$		
Name:		Amount \$		
	YOUR OTHER	ACTIVITIES		
List membership in non-academic clubs, civic actionganization, office held, or rank attained, date, and				
I certify that all information contained herein or at	tached is correct t	o the best of my knowledge.		
Applicants signature:				

CERTIFICATION

Applications may not be considered without the following in its entirety.

- 1. Pages I through 3 of this application, with complete information and necessary attachments.
- 2. Official school transcript of your most recently completed academic term.
- 3. Applications must be emailed no later than February 9, 2024.
- 4. Email completed applications and all paperwork to:

Jon B. Greene Secretary/Treasurer District of Oklahoma Educational Foundation scholarship@okyorkrite.org