

SCHOLARSHIP APPLICATION

**GRAND LODGE ANCIENT FREE & ACCEPTED MASONS OF SOUTH DAKOTA**

*The Grand Lodge A. F. & A. M. of South Dakota will award several scholarships of \$2,000 each year to South Dakota residents who plan to attend a public or private college, university or technical school. Preference will be given to students attending a school in South Dakota. Successful candidates will demonstrate financial need, scholastic capability, and have a family connection, either by blood or marriage, to a member of the Masonic fraternity, either living or deceased. Scholarships will be granted for one year, but may be applied for each year for a maximum of five years.*

---

---

Name: \_\_\_\_\_  
                                    Last                                      First                                      Middle                                      Date of Birth

Address: \_\_\_\_\_  
  Street                                      City                                      State                                      ZIP Code

High School activities participated in: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Honors and Awards (state year and nature of honor or award): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community involvement and activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work experience (last 3 years):

Employer

Job

Dates

---



---



---



---



---

College/University/Technical School you will attend: \_\_\_\_\_

If uncertain, list the two or three institutions you are most likely to attend:

---



---



---

Year and semester you will start: \_\_\_\_\_

Career preference or major: \_\_\_\_\_

**Gross** family income for previous year: \_\_\_\_\_

Name of Masonic relative and your relationship to him: \_\_\_\_\_

---

His Lodge name/number/location: \_\_\_\_\_

---

To complete your application please arrange to have the following received by March 15, 2024:

1. **Two** Scholarship Reference Forms filled out by **two** teachers who know you well and are familiar with your academic qualifications.
2. A transcript of all high school (and post-graduate, if applicable) course-work. A High School transcript is only applicable if you are going to be an incoming freshman, otherwise your college transcript is needed)
3. Academic Certification Record sent by guidance counselor or other school official.
4. Scholarship Application

To: Grand Lodge Scholarship Committee  
 Grand Lodge A. F. & A. M. of South Dakota  
 520 S. First Avenue  
 Sioux Falls, SD 57104-6902

or  
 office@sdgrandlodge.org

Questions? Please call the Grand Lodge Office: (605) 332-2051.

SCHOLARSHIP REFERENCE FORMS

**GRAND LODGE ANCIENT FREE & ACCEPTED MASONS OF SOUTH DAKOTA**

*The Grand Lodge A. F. & A. M. of South Dakota will award several scholarships of \$2,000 each year to South Dakota residents who plan to attend a public or private college, university or technical school. Preference will be given to students attending a school in South Dakota. Successful candidates will demonstrate financial need, scholastic capability, and have a family connection, either by blood or marriage, to a member of the Masonic fraternity, either living or deceased. Scholarships will be granted for one year, but may be applied for each year for a maximum of five years.*

---

---

The following student has applied for an academic scholarship through the Masonic Grand Lodge of South Dakota and requests that you, as a guidance counselor or other school official, complete this Academic Certification Record to aid in the evaluation of the application. Please complete and return this form by **March 15, 2024**. Your time and effort in assisting us in evaluating the student's application is greatly appreciated.

Applicant Name \_\_\_\_\_  
Last First Middle Date of Birth

Address: \_\_\_\_\_  
Street / Box City State ZIP Code

High School / College name and city: \_\_\_\_\_

1. How long have you known the applicant and in what capacity?

2. What is your evaluation of the applicant's academic abilities?

4. Are there unique factors that make the applicant especially worthy of receiving scholarship support?

5. Additional comments (Please attach additional page(s) if needed):

Signed: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to the following address by March 15, 2024:**

Grand Lodge Scholarship Committee  
Grand Lodge A. F. & A. M. of South Dakota  
520 S. First Avenue  
Sioux Falls, SD 57104-6902  
or  
office@sdgrandlodge.org

Questions? Please call the Grand Lodge Office: (605) 332-2051

SCHOLARSHIP REFERENCE ACADEMIC CERTIFICATION RECORD  
**GRAND LODGE ANCIENT FREE & ACCEPTED MASONS OF SOUTH DAKOTA**

*The Grand Lodge A. F. & A. M. of South Dakota will award several scholarships of \$2,000 each year to South Dakota residents who plan to attend a public or private college, university or technical school. Preference will be given to students attending a school in South Dakota. Successful candidates will demonstrate financial need, scholastic capability, and have a family connection, either by blood or marriage, to a member of the Masonic fraternity, either living or deceased. Scholarships will be granted for one year, but may be applied for each year for a maximum of five years.*

---

The following student has applied for an academic scholarship through the Masonic Grand Lodge of South Dakota and requests that you, as a guidance counselor or other school official, complete this Academic Certification Record to aid in the evaluation of the application. Please complete and return this form by March 15, 2024. Your time and effort in assisting us in evaluating the student's application is greatly appreciated.

Applicant Name: \_\_\_\_\_  
Last First Middle Date of Birth

Address: \_\_\_\_\_  
Street / Box City State ZIP Code

High School / College name and city: \_\_\_\_\_

1. Rank in High School / College class \_\_\_\_\_

2. Number in High School / College class \_\_\_\_\_

3. G.P.A. \_\_\_\_\_

Eng. Math Read Sci. Comp.

4. ACT: \_\_\_\_\_

V M %

5. SAT: \_\_\_\_\_ (if available)

Signed: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the following address by March 15, 2024:

Grand Lodge Scholarship Committee  
Grand Lodge A. F. & A. M. of South Dakota  
520 S. First Avenue  
Sioux Falls, SD 57104-6902  
or  
office@sdgrandlodge.org

Questions? Please call the Grand Lodge Office: (605) 332-2051.