

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 April 1, 2025:

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 **April 1, 2025**. Your time and effort in assisting us in evaluating the student's application is greatly appreciated.

Name: _____
Last First Middle Date of Birth

Address: _____
Street / Box City State ZIP Code

High School 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 April 1, 2025:

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