

Wasco Lodge Masonic Scholarship

Thank you for your interest in the Wasco Lodge Masonic Scholarship through the Mid-Columbia Health Foundation.

Please read the application thoroughly before starting your application. Use the checklist at the end of this packet to make sure your application is complete.

The Mid-Columbia Health Foundation supports a number of different scholarships. We encourage you to apply for multiple scholarships through the Foundation. Please note, *it is our policy to annually award only one scholarship managed by the Foundation to an individual.*

Application is due Friday, April 8, 2022.

If you are not sure about your eligibility or have any questions about applying for a scholarship, please contact us. We are happy to help you fill out the application.

Mid-Columbia Health Foundation
1700 E 19th Street
The Dalles, OR 97058

Phone: 541-296-7275

Fax: 541-296-2642

Email: mchf@mcmc.net

Website: www.mcmc.net/mchf

Incomplete, inaccurate, or late applications will NOT be considered.

Wasco Lodge Masonic Scholarship

Description & Eligibility

Purpose

The purpose of the Wasco Lodge Masonic Scholarship Fund is to assist seniors from The Dalles High School, Dufur High School and Sherman County High School obtain a degree from an accredited college or technical school. Mid-Columbia Health Foundation will distribute these funds.

Eligibility

Applicants must be graduating seniors from The Dalles High School, Dufur High School and Sherman County High School. Applicants and recipients of the award must maintain at least a 2.5 GPA and be enrolled as a full-time student. Applicants must have also applied for financial aid from FAFSA. For information on FAFSA, visit www.fafsa.ed.gov.

Process

The application must be turned in on or before Friday, April 8, 2022. Application and its contents must be typed and complete to be considered. Chosen applicants are required to attend a brief interview with the scholarship committee. The Wasco Lodge Masonic Scholarship Committee makes the final decision on recipients for the awards. Award decisions are based on the interview, application, essay, high school academic record, activities and letter recommendations.

Selection & Funding

Award amount is \$2,000 per high school. This scholarship is not renewable.

Scholarship recipients receive funds after proof of successful completion of one term or semester with a 2.5 GPA and subsequent enrollment in second term or semester of the same year. Funds will be distributed directly to the student. At the end of the first term/semester scholarship recipients must send an Official Transcript showing enrollment and GPA to the Mid-Columbia Health Foundation to receive payment.

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Application Instructions

Section 1. General Information

We will use this information to contact you regarding your application and status. Please use the most current information. We will maintain confidentiality with your information.

Section 2. Educational/Employment Information

- Please list your high school and years attended.
- List the accredited college or trade school you plan to attend.

Section 3. Financial

Use information from the Financial Information Worksheet to fill in *Tuition* and *Books* section.

- List your **current** *Estimated Family Contribution/EFC* number. This number is generated by the Federal Government after you have completed your FAFSA application. Include a copy of the FAFSA document that states the EFC number and the applicant's name. This can just be a screen print of the approval of your FAFSA showing EFC number.
- List the number of people living in your household including you.
- List other scholarships you have applied for and the amounts you have applied for. If you don't know whether you have received the scholarship, check *applied*.

Section 4. Required Attachments

- **Financial Information Worksheet:** Provide information as requested.
- **Proof of EFC Include:** A copy of the FAFSA document that states the EFC number and the applicant's name.
- **Official Transcripts:** Official Transcript in a sealed envelope.
- **Letters of Recommendation:** You will need two letters of recommendation. One should be from a teacher - the other should be from an adult who is not a teacher or staff member at your school; and not a relative.
- **Activities Chart:** Use the attached form and add additional pages if needed.
- **Application Essays:** We would like to know you a little better as a person. Please write *one page for each essay using your name and titles Essay 1 and Essay 2 as titles for each essay. Use Times New Roman 12-point font, double spaced.*
Essay 1: Choose one of the following prompts: "What community service means to me and society" Or "The most important person in my life other than a family member is..."
Essay 2: Explain how this scholarship would impact your ability to pay for college.

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Application

Section 1. General Information

Name First, Middle Initial, Last	Date of Birth
Address	City, State, Zip
Phone Number (Cell/Home)	Email Address
Do you know any Masonic Lodge members or past members? If yes, please explain.	

Section 2. Educational/Employment Information

School	Dates Attended	Degree/ Certificate	
Which college or school do you plan to attend?			
What is your current/planned field of study (major)?			
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Employer		Supervisor	

Section 3. Financial

Estimated School Expenses (per year)			
Tuition \$		Books \$	
FAFSA: EFC #		# in Household	
# of family members in household attending college next year			
List other scholarships you have applied for or are receiving for the upcoming school year.			
Scholarship	Amount	<input checked="" type="checkbox"/> Check Appropriate Box	
	\$	<input type="checkbox"/> Applied	<input type="checkbox"/> Received
	\$	<input type="checkbox"/> Applied	<input type="checkbox"/> Received
	\$	<input type="checkbox"/> Applied	<input type="checkbox"/> Received
	\$	<input type="checkbox"/> Applied	<input type="checkbox"/> Received
	\$	<input type="checkbox"/> Applied	<input type="checkbox"/> Received

Section 4. Required Attachments

Please submit the following attachments with this typed application:	
<ul style="list-style-type: none"> • Financial Information Worksheet • Community Service/Activities/Awards • Two Essays 	<ul style="list-style-type: none"> • Two Letters of Reference • Proof of EFC • Official Transcripts

I certify that all the information on this application and its supporting documents are accurate and true. I intend to use any scholarship money received for the purpose indicated.

Applicant Signature

Date

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Financial Information Worksheet

Parent Information

Mother's/Stepmother's Name	Father's/Stepfather's Name
Occupation	Occupation
Street Address	Street Address
City/State/Zip	City/State/Zip
Phone Number	Phone Number

Financial Information

My family's total income is between:	
<input type="checkbox"/> \$0-\$20,000	<input type="checkbox"/> \$20,000-\$40,000 <input type="checkbox"/> \$40,000-\$60,000 <input type="checkbox"/> \$60,000 +
Do you qualify for reduced or free lunches at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Estimated College Expenses

Please complete the form below to indicate how you are planning to finance the expenses of the upcoming academic year.

Income	Amount	Expenses	Amount
¼ of Your Savings		Tuition/Fees	
Expected Summer Savings		Books/Supplies	
Family Contribution		Room/Board	
Scholarships at this time		Personal Expenses (including transportation)	
Loan, Grants, Other Income.			
Total Income/Contributions	\$	Total Expenses	\$

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Checklist for Submission

Use the checklist below to complete your application packet.

Checklist for Completion

- This checklist
- Signed & Typed** Application
- Financial Information Worksheet
- Community Service/Activities/Awards Chart
- Essay #1
- Essay #2
- Letter of Recommendation from a teacher
- Letter of Recommendation from an adult other than a teacher, a school employee or family member
- Proof of EFC #
- Official Transcript

Submit your completed application packet to:

- Your School Counselor's Office
- *Mail to:* Mid-Columbia Health Foundation, 1700 East 19th Street, The Dalles, OR 97058
- *Email to:* mchf@mcmc.net

If you have questions about this application, contact the Foundation office at 541-296-7275

***MCHF Staff and their family members, MCHF Board of Directors and their family members and MCMC Board of Trustees and their family members are not eligible for MCHF scholarships.**

Application Due: April 8, 2022

Incomplete, inaccurate, or late applications will NOT be considered.

*Thank you for your application!
We will contact you if you are selected for a personal interview.*