



**SUPREME FOREST
OF THE
TALL CEDARS OF LEBANON
OF NORTH AMERICA**
Established 1902

*Email: info@tallcedas.org • Website: www.tallcedars.org • Our Charity – Muscular Dystrophy Research
4309 Linglestown Road, Suite 116, Box 4 • Harrisburg, PA 17112 • (717) 232-5991 • FAX (717) 232-5997*

CRITERIA FOR SCHOLARSHIP

The Tall Cedars of Lebanon of North America will award three \$1,000 Scholarships for a one-year period according to the following criteria.

A. Awarded annually to a member in good standing of a Job's Daughters Bethel, a Rainbow Assembly, a DeMolay Chapter, or The Triangles in a state where a Tall Cedar Forest exists, or be the son, daughter, grandson, or granddaughter of a Tall Cedar in good standing. Previous recipients are not eligible. The states where Tall Cedar Forests are located are as follows:

Connecticut	Indiana	New Jersey	South Carolina
Delaware	Maryland	New York	Tennessee
Florida	Massachusetts	Ohio	Virginia
Georgia	Michigan	Pennsylvania	West Virginia
Illinois	Missouri	Rhode Island	

B. Each candidate must:

1. be accepted at an accredited institution in any Associate Degree, Baccalaureate Degree, Technical or Vocation Program.
2. plan to attend on a full time basis.
3. be of sterling character and personal integrity.
4. provide not more than four letters of recommendation. The letters must be from teachers, counselors, ministers, advisors of Masonic organizations, civic leaders or heads of volunteer organizations in which the applicant is active. Attach all information to the application.
5. submit an official school transcript.

C. Deadline for applications is February 1st, with the awards being made in April or May.

D. All scholarship monies will be paid directly to the applicant's college, university, technical or vocational school on the student's behalf.

All components of the application (i.e. application, letters of recommendation, etc.) must be submitted in one package to the Scholarship Chairman at the address printed above.

TALL CEDARS SCHOLARSHIP APPLICATION

Applicant Information:

NAME _____
Last First Middle

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ DATE OF BIRTH _____

FATHER'S NAME _____ OCCUPATION _____

PLACE OF EMPLOYMENT _____

MOTHER'S NAME _____ OCCUPATION _____

PLACE OF EMPLOYMENT _____

BROTHERS & SISTERS: Name _____ Age _____ Grade in school _____

Name _____ Age _____ Grade in school _____

Name _____ Age _____ Grade in school _____

IN WHAT COLLEGE, UNIVERSITY, OR TECHNICAL SCHOOL DO YOU PLAN TO UNDERTAKE YOUR STUDIES?

_____ HAVE YOU BEEN ACCEPTED? _____

FIELD OF INTEREST _____

Educational Information:

NAME OF HIGH SCHOOL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SAT SCORES: CR _____ MATH _____ WRITING _____

NAME OF COLLEGE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CURRENT GRADE-POINT AVERAGE _____ MAJOR _____

SCHOOL ACTIVITIES & HONORS _____

Related Information:

SCHOLARSHIPS RECEIVED (if any) _____

VOLUNTEER ACTIVITIES/INTERESTS – Civic, Church, Fraternal (Indicate organization & period of membership in each.)

NEED FOR SCHOLARSHIP GRANT – A financial statement is not necessary. Simply state how the grant will help you and how the lack of grant will hinder you. _____

RECOMMENDATION FORM

Instruction: Please have your high school counselor/college advisor complete the following form and mail with your high school/college transcript to:

Chairman/Tall Cedars Scholarship Committee
4309 Linglestown Road, Suite 116, Box 4
Harrisburg, PA 17112

_____ is currently a member of the _____
Student's Name Class

at _____,
School Address

City State ZIP

The student is currently ranked _____ out of a class of _____. In addition, he/she is maintaining an accumulative grade point average of _____ out of a possible 4.0.

Comments:

Signed: _____ Title _____ Date _____

MASONIC SPONSOR OR AFFILIATION

Please complete section(s) that apply:

SECTION I

I am a member of the following Masonic Youth organizations:

_____ Job's Daughters

_____ Rainbow Girls

_____ Triangles

_____ DeMolay

Organization's Name: _____

Address _____

City _____ State _____ ZIP _____

Organization's Advisor _____

Telephone # _____

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SECTION II

I am the son, daughter, grandson or granddaughter of a Tall Cedar.

Cedar's Name _____ Forest No. _____

Address _____

City _____ State _____ ZIP _____

Telephone # _____ Relationship _____

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Please attach a photocopy of your current organization's Dues Card or a photocopy of your Tall Cedar Sponsor's Dues Card.