

# Masonic Foundation Of Utah, Inc.

*Established February 13, 1929*

Salt Lake Masonic Temple  
650 East South Temple Street  
Salt Lake City, UT 84102-1141

G. Keith Odendahl  
Chairman  
Lawrence K. Fielden  
Secretary/Treasurer

Phone: 801-363-2936  
Fax: 801-363-2938  
E-mail: [secretary@utahgrandlodge.org](mailto:secretary@utahgrandlodge.org)

Dear Scholarship Applicant,

Enclosed is an application for the Masonic Foundation Scholarship for the upcoming academic school year. With the application, please submit two letters of recommendation, one of which should be from a member of a Masonic affiliated group.

Once awarded, scholarships are not automatically renewed. You must reapply annually and your application for continuation must include a written request for renewal and an official transcript to date from the University.

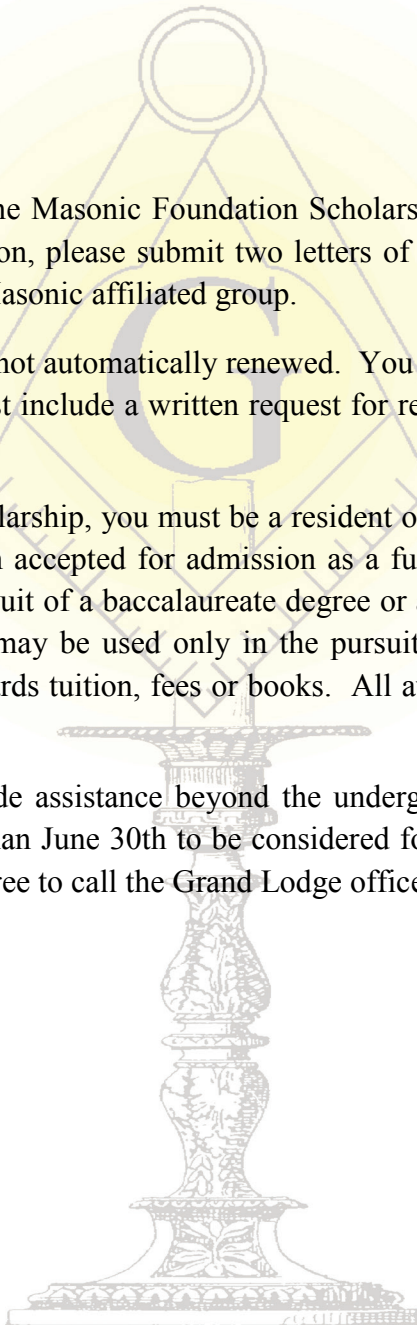
In order to be eligible for a scholarship, you must be a resident of Utah and currently enrolled as a full time student or have been accepted for admission as a full time student to an accredited college or university, in the pursuit of a baccalaureate degree or a two year associate's degree in arts or sciences. Scholarships may be used only in the pursuit of a degree as outlined above degree and may be applied towards tuition, fees or books. All awards will be sent to the school for distribution.

The scholarship does not provide assistance beyond the undergraduate level. The application must be in this office no later than June 30th to be considered for the upcoming academic year. If you have any questions, feel free to call the Grand Lodge office at 801-363-2936.

Sincerely,

*Lawrence K. Fielden*

Lawrence K. Fielden  
Secretary/Treasurer





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## Scholarship Application

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (Apt. Number)

\_\_\_\_\_  
(City) (State) (ZIP)

Telephone: \_\_\_\_\_  
(Cell) (Home) (Email)

\_\_\_\_\_  
\*\* Student ID Number Date of Birth  
For school you will be attending

High School Graduated From: \_\_\_\_\_ Year: \_\_\_\_\_  
A.P. Classes: \_\_\_\_\_

\*College/University  
you plan to attend: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Classification: First Time Student: Continuing Student: Year You Expect to  
Former Student: Last Year In School: Graduate: \_\_\_\_\_

Vocational Goal: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Post High School educational institutions you may have attended: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*College/University must be a not for profit institution and accredited by one of the following regional accreditation agencies:**  
Middle States Association of Schools and Colleges (MSA), Commission on Higher Education  
New England Association of Schools and Colleges, Commission on Institutions of Higher Education (NEASC-CIHE)  
North Central Association of Colleges and Schools, The Higher Learning Commission (NCA-HLC)  
Northwest Commission on Colleges and Universities (NWCCU)  
Southern Association of Colleges and Schools (SACS), Commission on Colleges  
Western Association of Schools and Colleges, Accrediting Commission for Senior Colleges and Universities  
\*\*Student ID issued by the College/University you are attending.

Father/Guardian Name: \_\_\_\_\_  
 (Last) (First) (Middle)

Address: \_\_\_\_\_  
 (Street) (Apt. Number)

\_\_\_\_\_  
 (City) (State) (ZIP)

Telephone: \_\_\_\_\_  
 (Home) (Cell) (Email)

\_\_\_\_\_  
 Masonic Affiliation if any

Mother/Guardian Name: \_\_\_\_\_  
 (Last) (First) (Middle)

Address: \_\_\_\_\_  
 (Street) (Apt. Number)

\_\_\_\_\_  
 (City) (State) (ZIP)

Telephone: \_\_\_\_\_  
 (Home) (Cell) (Email)

\_\_\_\_\_  
 Masonic Affiliation if any

Current or former memberships in Masonic affiliated organizations:


Current Scholarships and Amount Of Each:

	\$
	\$
	\$
	\$

List any scholastic, community, and church activities, any honors won and extracurricular activities:


Employer or previous work experience:


**CERTIFICATION:**  
 I certify that to the best of my knowledge the information contained in this application is correct and complete.

X \_\_\_\_\_  
 Applicant Date

**REMINDER:** Include two letters of recommendation and an official transcript of grades.  
 Send completed Packet to:  
 Masonic Foundation of Utah  
 650 E. South Temple Street  
 Salt Lake City, UT 84102  
 801-363-2936 Voice – 801-363-2938 Fax  
 Email: office@utahgrandlodge.org