2027 Valley of Williamsport Scholarship Application

Ancient Accepted Scottish Rite — Valley of Williamsport, Pennsylvania

Instructions: This application should be completed by the applicant and submitted with all required supporting documentation. Applications should be returned to the Valley of Williamsport, P.O. Box 1032, Williamsport, PA 17703 by April 1 2027. Please confirm the current deadline and scholarship cycle before submission.

Applicant Information

Full Name	
Date of Birth	
Home Address	
Telephone	
Email Address	

Family and Masonic Connection

Father/Stepfather/Grandfather Name	
Relationship to Applicant	
Member of Valley of Williamsport?	Yes [ ] No [ ]
Occupation	
Mother/Guardian Name	
Occupation	
Total Number of Siblings and Ages	

Education Information

Current School	
School to Be Attended	
School Address	
Alternative School, if Any	
Class Year	20____
Scholastic Average / GPA	
Class Rank	
SAT Scores	Verbal: ____ Math: ____ Total: ____
ACT Score	

Activities, Service, and Leadership

List extracurricular school-related interests, activities, community service, leadership roles, employment, honors, and any youth organizations affiliated with Freemasonry, such as DeMolay, Rainbow, Job's Daughters, or other organizations.

Response:

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Financial Information

Approximate Total Annual Family Income	$
Financial Aid Anticipated from Other Sources	Grants: $_____ Loans: $_____ Job:_____ Scholarships: $____ Other: $_____
Estimated Annual Tuition	$
Estimated Maintenance / Living Expenses	$
Other Estimated Expenses	$
Total Estimated Yearly Financial Need	$

Vocational Information

Career or field of study for which you are preparing:

_____

If undecided, list possible career choices:

_____

Required Attachments

- Official academic transcript.
- One letter of recommendation from a school instructor or counselor.
- Copy of the most recent family tax form, if required for verification of financial need.
- Any additional materials requested by the Valley of Williamsport for the current scholarship cycle.

Additional Information

Please include any additional information you wish to have considered, such as special circumstances, achievements, responsibilities, or goals.

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Applicant Certification

I hereby acknowledge that the information provided in this application and all supporting documentation is accurate and complete to the best of my knowledge.

Date: _____ Applicant Signature: _____