



RONALD L. JEFFERSON MEMORIAL SCHOLARSHIP

ENDEAVOR LODGE #17 ●●● AF&AM OF DELAWARE

APPLICANTS NAME: _____ SCHOOL YEAR: _____ -- _____

The information contained in this Scholarship Application is true and correct to the best of my knowledge. I understand that my completed application may be duplicated. If I am awarded a Scholarship I authorize Endeavor Lodge #17 the right to use my name and picture in media publications.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

ENDEAVOR LODGE #17 USE ONLY

DATE REVIEWED: _____ SCORE: _____

AMOUNT AWARDED: \$ _____

