

RONALD L. JEFFERSON MEMORIAL SCHOLARSHIP APPLICATION ENDEAVOR LODGE #17 ••• AF&AM OF DELAWARE



Applicant:						:	
	Last		First		Middle		
Address:							
	Street		City		State	Zip	
SS#:	_ Date of Birth:		Place of Birth	:			
Home Phone:	Cell I	Phone:	E	mail:			
High School Attended:				Graduat	ion Date:		
List Scholastic Honors and	Awards received in h	-ligh School:					
List School Associations,	Clubs, Athletics, etc.,	, in which you p	participated:				
List Offices Held in School	and Community Org	anizations:					
List any other resources ava					ome, savings a	nd scholarships	
Father (or Guardian)							
Name:					Living	Circle - Yes / No	
	Last		First	Middle			
Address:		-					
	Street		City		State	Zip	
Employer:			No.	How Lon	g with this Em	oloyer:	
MOTHER (or Guardian)							
Name:					Living	Circle - Yes / No	
	Last		First	Middle			
Address:	Street		City		State	Zip	
Employer:				How Lond	with this Emp	loyer:	
						,	
Number of dependent chi	ldren living at home	and their ages	:	-		College:	