

# 2017 GRAND LODGE SCHOLARSHIP PROGRAM - DONOR FORM

(To be completed by Lodges and individuals participating in the Grand Lodge Scholarship Program)

1. Number of scholarships to be given: \_\_\_\_\_

2. Name of Scholarship:	Amount	Designation*
A. _____	\$ _____	_____
B. _____	\$ _____	_____
C. _____	\$ _____	_____

\* Designation (Place the appropriate letter in the line provided above.)

- a. Junior Lodge member
- b. Child or Grandchild of a member of your lodge
- c. Child or Grandchild of a member of any filial lodge
- d. Applicant of Italian extraction (not the child/grandchild of a member)
- e. Any Applicant (regardless of affiliation or national origin)

3. Special Requirements:

(1) If the recipient of your scholarship must be enrolled in a particular program (Nursing, Engineering, Education, etc.) or be majoring in a particular subject (Math, Foreign Language, Biology, etc.) please indicate (if none, please so indicate):

\_\_\_\_\_

(2) Other special conditions (if none, please so indicate):

\_\_\_\_\_

Print Name of Lodge President: \_\_\_\_\_

Signature: \_\_\_\_\_

## CONTACT PERSON:

Name: \_\_\_\_\_

Lodge: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

Please make check payable to: Charitable & Educational Trust  
and mail **NO LATER THAN JANUARY 31, 2017** to:

**GRAND LODGE OF MASSACHUSETTS  
93 CONCORD AVENUE  
BELMONT, MASSACHUSETTS 02478**