



Organization of Triangles, Inc.

2020 Rose E. Scherer Scholarship Application Form

Part 1 - Applicant Information:

Last Name: _____ First: _____ Middle Initial: _____

Street Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_) _____ Email: _____

Part 2 - High School Data:

School Name: _____ City: _____ State: _____

Current GPA: _____ Expected date of graduation: _____

Part 3 - College/University Data:

School Name: _____ City: _____ State: _____

Major or course of study you plan to/currently pursue: _____

Part 4 - Triangle Data:

Name of Triangle: _____ Date of Initiation: _____

Offices held: _____

What percentage of your home Triangle's stated meetings have you attended in the past year?

Circle one: 100% 75% 50% Less than 50%

If you have attended less than 50% of your Triangle's stated meetings, please explain what prevented you from attending below. _____

Part 5 - Short Answer Questions:

Please answer and attach your answers on a separate sheet.

1. In the past year, what charitable acts have you completed with your Triangle?
What charitable acts have you completed outside your Triangle? Since you joined Triangle, what has been one of your favorite moments of public service?
2. What have you done with your Triangle that you are most proud of? Why?
3. If you were discussing the Organization of Triangles, Inc. with prospective members, what would you say to them?
4. How will you help your Triangle to thrive in the years to come?

Part 6- Letter of Recommendation

A letter of recommendation must accompany this application form. Letters may be written by the Junior Deputy, Senior Advisor, Supervisors, members of a Masonic Lodge, Eastern Star, Amaranth Court, etc.

Letters of recommendation must include the following but are not limited too:

- Name of Applicant:
- Your Name:
- Masonic Affiliation (if any):
- Triangle you are associated with:
- Relationship to Applicant:

Part 7 – Applicant’s Certification

I acknowledge that the decision of awarded scholarships is final. I certify that I meet the eligibility requirements as outlined in the Constitution of the Organization of Triangles, Inc.. In addition, I certify that the information supplied is accurate.

Applicant’s Signature: _____ Date: _____

Part 8 – Junior Deputy Certification:

I certify that the above scholarship applicant is a member in good standing within the Organization of Triangles. I certify that the information supplied by the applicant in Part 4 of this application is correct.

Junior Deputy: _____ Date: _____
(signature)

(print name)

APPLICATION DEADLINE - POSTMARKED March 1, 2020

Send completed application to:

Ms. Michelle Whipkey
74 Dunlop Ave, Tonawanda NY 14150
716-877-8900 or michellelwhipkey@gmail.com with any questions