



**THE GRAND LODGE OF ALBERTA**  
ANCIENT, FREE AND ACCEPTED MASONS



**THE MASONIC HIGHER EDUCATION BURSARY  
APPLICATION FORM**

This bursary is available to Canadian citizens, resident in the Province of Alberta. It is intended to assist students whose parents (or family) are in financial need and unable to finance post secondary education in Alberta for a minimum two year program. Consideration will be given to attendance at institutions out of province only if the course is unavailable within Alberta.

This award is made by a Committee of The Grand Lodge of Alberta. Their decision is final. By completing and submitting this application the applicant may be subject to financial audit and home visitation.

Applications, **in duplicate** must be filed with the Grand Secretary, at 330 – 12 Avenue SW, Calgary, T2R 0H2, **no later than March 1<sup>st</sup>**, to be considered for the following academic year. Applications must be accompanied by a current transcript or marks list. Those who are advised that their application is being held for further consideration will be responsible for providing a **Certificate of Admission** from the education institution they wish to attend.

Receipt of this application **will only be acknowledged** if the applicant is in the group for final selection. The application will be held for one year.

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**PLEASE PRINT**

Last Name: \_\_\_\_\_ Full Given Names: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_ Married: \_\_\_\_\_ Single: \_\_\_\_\_ S.I.N: \_\_\_\_\_

**MAIL SENT TO YOU WILL REQUIRE AN IMMEDIATE REPLY.  
PLEASE ARRANGE FOR SOMEONE TO OPEN OR FORWARD YOUR MAIL.**

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Years of residence in Alberta: \_\_\_\_\_ Date of Entry into Canada: \_\_\_\_\_

Name of High School Attended: \_\_\_\_\_

Location of High School Attended: \_\_\_\_\_ Phone No( ) \_\_\_\_\_

Institution to be attended: \_\_\_\_\_ Faculty: \_\_\_\_\_

Location of Institution: \_\_\_\_\_

Registering in the: first: \_\_\_\_\_ second: \_\_\_\_\_ third: \_\_\_\_\_ fourth: \_\_\_\_\_ year of an undergraduate degree or diploma.

Which semester(s): \_\_\_\_\_

**This form must be submitted in DUPLICATE prior to March 1<sup>st</sup>**

Are you the principal wage earner in household? Yes \_\_\_ No \_\_\_ If not, who is? \_\_\_\_\_

Is the principal wage earner in the household? Married: \_\_\_\_\_ Single: \_\_\_\_\_ Co-habiting: \_\_\_\_\_

Occupation of wage earner(s) in household? \_\_\_\_\_

Total **net family** income: \$ \_\_\_\_\_

**Supporting tax returns are to be made available at interview. If accurate income is not reported, application will be invalid.**

Names of family members dependent on net family income:

NAME (S)	RELATIONSHIP	AGE

Where do you plan to live while attending school? Home \_\_\_\_\_ Other \_\_\_\_\_

What is your estimated net income for the year? \$ \_\_\_\_\_

What other monies are available to you? \$ \_\_\_\_\_

What is your estimated expenditure for the year? \$ \_\_\_\_\_

What are your reasons for making this application? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If more space is required, attach separate sheet to application)

Will you be receiving an Alexander Rutherford Scholarship? Yes \_\_\_ No \_\_\_ If yes, how much? \$ \_\_\_\_\_

Will you be receiving any other grant or scholarship? Yes \_\_\_ No \_\_\_ If yes, how much? \$ \_\_\_\_\_

**If you are a dependent named above**, are any other members of your family attending post secondary educational facilities?

Yes \_\_\_ No \_\_\_ If yes, how many? \_\_\_\_\_

**I hereby certify that the answers given to the foregoing questions are complete and true in every respect.**

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_