

## **MARY AGNES FAGG MEMORIAL YOUTH SCHOLARSHIP 2022- 2023**

### **AMARANTH SCHOLARSHIP APPLICATION INSTRUCTIONS**

NOTE: THIS SCHOLARSHIP IS FOR THE **2022-2023** SCHOOL YEAR (**FALL TERM 2022 THROUGH SUMMER TERM 2023**). **ALL REQUIREMENTS MUST BE MET TO BE ELIGIBLE FOR A SCHOLARSHIP.** PLEASE FOLLOW ALL INSTRUCTIONS CAREFULLY.

#### **PRELIMINARY:**

Please provide a phone number following your name where you can be reached in case the Chairman needs to contact you. If you accept text messages, please note that as well. The address provided should be a location where information can be mailed to you. This may be different from your home address, especially for applicants who are attending college. Please provided an e-mail address, if you have one.

#### **MASONIC ASSOCIATION:**

Student eligibility requirements for this Scholarship shall be:

1. A member of Rainbow for Girls or DeMolay for Boys (including majority members and senior DeMolays).
2. Or a Son, Daughter, Step-Son, Step-Daughter, Grandchild or Great-Grandchild of a member in good standing of the Order of Amaranth in Tennessee.
3. Or a member of the Order of the Amaranth in good standing in Tennessee.
4. Requests for special eligibility may be submitted on a case-by-case basis to the Scholarship Chairman for consideration by the Committee.

#### **MANDATORY REQUIREMENTS;**

1. A copy of ONE proof of good standing (preferably a copy of current dues card) must be submitted with the application.
2. For categories 3 and 4, two documents must be submitted with the application:
  - (A) Signed and dated statement by an Amaranth member which explains the relationship to the applicant.
  - (B) Proof of good standing by an Amaranth member. If relative is deceased, the applicant must explain the relationship and submit proof of good standing of that person in their organization at time of death.
  - (C) One page stating how you can better your community and our Masonic Order.

#### **EDUCATION:**

All applicants are required to complete all questions regarding their high school education, including General Education Diploma (GED). Students beyond high school are required to complete the section on trade/vocational school, college or university.

**GRADE POINT AVERAGE AND TRANSCRIPTS:**

All applications must provide high school GPA.

HIGH SCHOOL TRANSCRIPTS ARE REQUIRED FROM THE HIGH SCHOOL. IN ADDITION, IF YOU ARE A HIGH SCHOOL STUDENT ATTENDING A COLLEGE AS PART OF A RUNNING START PROGRAM, YOU MUST SUBMIT A TRANSCRIPT FROM THE COLLEGE YOU ARE ATTENDING, IN ADDITION TO YOUR HIGH SCHOOL TRANSCRIPT. HIGH SCHOOL TRANSCRIPTS ARE NOT REQUIRED FOR COLLEGE SOPHOMORES AND BEYOND. THE TRANSCRIPTS MUST BE MAILED BY THE SCHOOL TO THE CHAIRMAN OF THE YOUTH SCHOLARSHIP COMMITTEE LISTED BELOW.

**GED STUDENT APPLICANTS:**

Include a copy of your GED and your GED transcript.

**EXTRACURRICULAR ACTIVITIES:**

List activities (employment, school, church, organizations, community, etc.). Attach additional sheets if needed. NOTE: Community service does not include service projects completed for Rainbow, DeMolay or church. These projects must be true community service projects done by the applicants.

**PERSONAL REFERENCES:**

Current letters of recommendation from two (2) adults in your community from different areas of interest. One letter should be from a teacher. THESE LETTERS SHOULD BE MAILED TO THE CHAIRMAN OF THE YOUTH SCHOLARSHIP COMMITTEE LISTED BELOW. **Do not use relatives and do not repeat a prior year's recommendation.**

**SCHOOL INFORMATION:**

Include your student ID number (if you have been issued one) and the school address for transmittal of the scholarship check. Notify the Scholarship Chairman before August 1, 2022, if your educational plans change or if you change schools.

ALL APPLICATIONS, PROOF OF GOOD STANDING (DUES CARDS), TRANSCRIPTS, AFFIDAVITS, ACTIVITIES, PERSONAL REFERENCES, YOUR LETTER AND SCHOOL INFORMATION SHOULD BE SENT IN TO THE ADDRESS BELOW. **IT MUST BE POSTMARKED NO LATER THAN FEBRUARY 28, 2022.**

**Please text the Chairman listed below when you mail your packet. She will respond to the text and also as the information is received.**

**H.L. GLORIA L. WHITE  
CHAIRMAN OF YOUTH SCHOLARSHIP COMMITTEE  
157 HOWARD DRIVE  
FORT OGLETHORPE, GA 30742**

**TELEPHONE: 423-902-8911**

**E-MAIL: [dewglo557398@gmail.com](mailto:dewglo557398@gmail.com)**

**Committee:** H.L. Gloria L. White, H.L. Kelly Pickering, and H.L. Linda Rudy.

**2022-2023 AMARANTH SCHOLARSHIP APPLICATION**

**Basic information:**

Full Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Last) (First) (MI)

Address \_\_\_\_\_  
(Number & Street) (City & State) (Zip)

E-Mail Address \_\_\_\_\_ Age \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_

Have you been a previous recipient of an Amaranth Scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_  
**(A Scholarship may be awarded a maximum of two times.)**

**Current Education:** (Include transcript for each educational institution):

Current High School/College/Trade School Name \_\_\_\_\_

Location \_\_\_\_\_

Course of Study (HS Diploma, IB/AP, Major/Minor, Vo-Tech) \_\_\_\_\_

Current GPA \_\_\_\_\_ Student ID number \_\_\_\_\_

(First year college and vocational/trade school students who cannot submit transcripts must submit an affidavit of current scholastic standing.)

**Previous Education:**

High School Name & Location \_\_\_\_\_

Graduation Date \_\_\_\_\_ GPA \_\_\_\_\_

College Name & Location \_\_\_\_\_

Major / Minor \_\_\_\_\_ GPA \_\_\_\_\_

**Masonic Association:** (Mark one)

\_\_\_\_\_ TN Rainbow for Girls (Member or Majority Member - attach copy of proof of membership)

\_\_\_\_\_ TN DeMolay (Member or Senior Member - attach copy of proof of membership)

\_\_\_\_\_ Amaranth Member (attach copy of proof of membership)

\_\_\_\_\_ Relative of member in good standing in the Order of Amaranth in Tennessee (son, daughter, step-son, step-daughter, grandchild, great-grandchild, nieces, nephews, sister or brother)

Name of Relative & Relationship \_\_\_\_\_  
(Include Amaranth Relationship Form and attach proof of Membership)

**Income Status:** (add extra pages, if needed)

Are you employed? \_\_\_\_\_ If yes, Employer name \_\_\_\_\_

Employer address \_\_\_\_\_

How long have you worked here? \_\_\_\_\_ Income per hour \_\_\_\_\_

Average number of hours worked per month \_\_\_\_\_

**Family information, if single:**

Father \_\_\_\_\_ Phone \_\_\_\_\_

Home address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_

Mother \_\_\_\_\_ Phone \_\_\_\_\_

Home address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_

Are there other dependent children in family living at home? Y N Age(s) \_\_\_\_\_

**Family information, if married:**

Spouse \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employed? \_\_\_\_\_ YES \_\_\_\_\_ NO

How long? \_\_\_\_\_ If yes, hourly or salaried? \_\_\_\_\_

Income \_\_\_\_\_ per \_\_\_\_\_ (hour/year)

Employer name & address \_\_\_\_\_

Are there other dependent children in family living at home or in college and supported by parents): \_\_\_\_\_ Yes \_\_\_\_\_ No Age(s) \_\_\_\_\_

**Educational Plans for Application Year:**

I am applying for a Scholarship to attend/continue to attend AND STUDENT ID NUMBER

\_\_\_\_\_  
(Name of school - **submit ASAP but must be by August 1, 2022**)

Address \_\_\_\_\_  
(Full mailing address of school is required)

Major / Minor / Trade Field \_\_\_\_\_  
(Career, major field of study or trade)

Have you applied for admission? Yes \_\_\_\_\_ No \_\_\_\_\_ Have you been accepted? \_\_\_\_\_

If no, explain briefly \_\_\_\_\_

When will you begin? \_\_\_\_\_

**Honors & Awards:** (include High School & College - Attach additional pages, if needed)

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**Extracurricular Activities:** (employment, school, church, organizations, community, etc.  
Attach additional pages, if needed)

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**Personal References:**

Attach current letters of recommendation from two adults in your community from different groups or areas of interest. **These should NOT be from relatives. One SHOULD be from a teacher.** If they want to mail them directly, please list that next to their name. You may provide them with my name and address. Ask that they put **H.L. GLORIA L. WHITE, AMARANTH SCHOLARSHIP COMMITTEE**, in the name lines on the envelope.

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Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

School, church, group, personal affiliation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

School, church, group, personal affiliation \_\_\_\_\_

**ALL APPLICATIONS MUST BE POSTMARKED NO LATER THAN FEBRUARY 28, 2022.** All graduating High School seniors who are recipients must send a copy of their acceptance letter from the school that they will be attending (include school ID number) to Committee Chairman immediately upon receipt. **Notice must be received no later than August 1, 2022;** failure to do so will jeopardize your receipt of the scholarship.

All Current College Students: Student Name & ID # \_\_\_\_\_

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School Name & Address for transmittal of scholarship award \_\_\_\_\_

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\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**MAIL COMPLETED APPLICATION PACKAGE TO:**

**Amaranth Scholarship Committee  
H.L. GLORIA L. WHITE  
157 HOWARD DRIVE  
FORT OGLETHORPE, GA 30742-3747  
423-902-8911  
E-Mail: dewglo557398@gmail.com**

**Include in package:**

\_\_\_ Application form.

\_\_\_ Proof of Masonic Youth Group membership or Amaranth Relationship form.

\_\_\_ High School Transcript.

\_\_\_ College or Vo-Tech Transcript (If attended) or affidavit of current scholastic standing.

\_\_\_ Personal reference 1.

\_\_\_ Personal reference 2.

\_\_\_ One page stating how you can better serve your community and our Masonic Order.



**PERSONAL RECOMMENDATION**

Student Name \_\_\_\_\_

Personal reference Name / Title \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Please assess this student's ability (overall potential for success)

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Is this student responsible? \_\_\_\_\_

To your knowledge, does this family exhibit financial need? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TEACHER RECOMMENDATION**

Student name \_\_\_\_\_

Teacher name \_\_\_\_\_ Position \_\_\_\_\_

School name & address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please assess this student's ability (academic and overall potential for success):

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In your opinion, will this student be responsible for attendance? \_\_\_\_\_

To your knowledge, does this family exhibit financial need? \_\_\_\_\_

Additional comments (use back of page, if necessary)

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Teacher signature \_\_\_\_\_ Date \_\_\_\_\_

**TN AMARANTH RELATIONSHIP FORM**

Applicant's name \_\_\_\_\_

Amaranth Member's name \_\_\_\_\_

Amaranth Member's Court name & location \_\_\_\_\_

Applicant's relationship to Amaranth member (check one)

- |                                        |                                           |
|----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Son           | <input type="checkbox"/> Great Grandchild |
| <input type="checkbox"/> Daughter      | <input type="checkbox"/> Niece            |
| <input type="checkbox"/> Step-Son      | <input type="checkbox"/> Nephew           |
| <input type="checkbox"/> Step-Daughter | <input type="checkbox"/> Sister           |
| <input type="checkbox"/> Grandchild    | <input type="checkbox"/> Brother          |

Signature of Amaranth Member (attach proof of their good standing)

Signed \_\_\_\_\_ Date \_\_\_\_\_

If applicant's relative is deceased, the applicant must explain the relationship and submit proof of good standing of that relative in their Court at the time of their death:

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Applicant's signature \_\_\_\_\_