



# KORA KARES FUND SCHOLARSHIP



This fund is administered by the Potentate and Board of Directors. A \$500 scholarship will be given each year to a student continuing his/her education. \* To apply, the student should send a letter to the Scholarship Committee detailing plans to further/ continue his/her education. Include the reason he/she selected their field of study and their plans after graduating from an accredited college. Preference will be given to Graduates of Kora Nobles in good standing but is open to any qualified student. The scholarship will be awarded in July and is for the ensuing academic year.

In addition to the letter, please complete the following:

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

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

Email address: \_\_\_\_\_ Telephone: \_\_\_\_\_

1. Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Is he a Shriner? \_\_\_\_\_

2. Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

3. Father's and/or Mother's Address (if different from above) \_\_\_\_\_

4. If Father is a Shriner, Shrine Center: \_\_\_\_\_ Member No. \_\_\_\_\_

5. To what youth organization affiliated with Freemasonry do (have) you belong(ed)?

(DeMolay, Rainbow, Job's Daughters, etc.) \_\_\_\_\_

6. To what other school related groups do you belong? \_\_\_\_\_

7. State briefly you extracurricular school-related interests/activities \_\_\_\_\_

8. Name of accredited school to be attended: \_\_\_\_\_ Major: \_\_\_\_\_

9. Address of School: \_\_\_\_\_

10. Which year will you be entering? \_\_\_\_\_ Current GPA: \_\_\_\_\_

11. What career are you pursuing? \_\_\_\_\_

12. If undecided, indicate possible choices: \_\_\_\_\_

13. Additional information you wish to be considered? \_\_\_\_\_

Please submit the following documentation with the application:

- a. Most current copy of high school/ college transcript
- b. At least one confidential letter or recommendation from an instructor, counselor, or advisor.

Please include a brief statement describing your current educational goals and their relationship to your career plans: \_\_\_\_\_

I believe the foregoing statements to be accurate. I hereby pledge any Kora Kares Scholarship monies awarded to me will be used strictly for college expenses such as tuition, supplies, and room and board.

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

Kora Kare Scholarship aid is a gift, not a loan, and can be based on academic achievement, participation in worthwhile activities, financial need, and self-help. Checks will be issued no later than August 1<sup>st</sup> to the successful applicant(s) and made payable to the student recipient.

*\*Kora Shriners elected Board of Directors reserves the right to issue more than one scholarship based on availability of funds and academic rating of applicants!*

Preference will be given to Scholarship applicants continuing their education In the Medical Field.

Please mail completed application to: Kora Shriners, C/O Scholarship Committee, 11 Sabattus Street, Lewiston, Maine 04240

Completed Applications must be postmarked prior to May 1<sup>st</sup> to receive consideration.