



GRAND COURT OF FLORIDA
ORDER OF THE AMARANTH

YOUTH SCHOLARSHIP PROGRAM
RULES FOR APPLICATION:

1. Application must be a Florida Resident only and a High School Senior or currently Enrolled in a College or Vocational Training School. Scholarship will be awarded for College or Vocational Studies.
2. Application must be received by the Grand Royal Matron **before March 15, 2020**
3. Application must be accompanied by THREE letters of references from ADULTS, COMPLETE WITH NAME AND ADDRESS OF EACH.
4. Attach one reference from the GUIDANCE COUNSELOR of your High School, COLLEGE STUDENTS can ignore this request.
5. Send SCHOOL VERIFICATION of your GRADE POINT AVERAGE.
6. Write a short STATEMENT regarding why you NEED/WANT this Scholarship. Financial data may be submitted but not necessary for acceptance.
7. One of your letters of references must be an adult member of a MASONIC FRATERNAL ORGANIZATION, i.e. ADULT ADVISORS, AMARANTH MEMBER, MASON OR OTHER ORGANIZATIONAL MEMBERS, who know you personally.
8. Applications are to be mailed to:
Ms. Valerie Tooma
213 Mission Hills Avenue
Temple Terrace, FL 33627
9. This SCHOLARSHIP is to be AWARDED ON THURSDAY EVENING, MAY 21, 2020 during our Informal Opening Ceremonies for our ANNUAL GRAND COURT SESSION.

If you are selected to receive this SCHOLARSHIP; will you be able to be present
TO ACCEPT _____ YES _____ NO, Our Session will be held in Tampa, FL at the:

Holiday Inn Tampa Westshore
700 North Westshore Blvd.
Tampa, FL 33609

H.L. Valerie Tooma
Grand Royal Matron
Grand Court of Florida
Order of the Amaranth

ORDER OF THE AMARANTH- MASONIC YOUTH SCHOLARSHIP APPLICATION:

NAME _____

ADDRESS _____

PHONE NUMBER (____) _____

DATE OF BIRTH _____

MASONIC YOUTH ORGANIZATIONS YOU BELONG TO:
LIST ANY OFFICE HELD, IF ANY.

CURRENT ADULT ADVISORS NAME: _____

ADDRESS _____

HOW LONG HAVE YOU BELONGED TO EACH ORGANIZATION:

SCHOOL YOU NOW ATTEND: _____

SCHOOL YOU PLAN TO ATTEND IN THE FALL: _____

HAVE YOU BEEN ACCEPTED _____ YES _____ NO

WHAT IS YOUR GRADE POINT AVERAGE _____

WHAT WILL YOUR MAJOR BE _____

OTHER ACTIVITIES AND ORGANIZATIONS YOU BELONG TO:

use extra paper if needed

WHAT ARE YOUR GOALS IN LIFE

SHORT NARRATIVE REQUESTED _____

I _____ HERE BY AGREE THAT IF GRANTED
A SCHOLARSHIP BY THE GRAND COURT OF FLORIDA, ORDER OF AMARANTH,
I WILL USE THE FUNDS FOR MY SCHOOL COST ONLY.
FURTHER IF FOR ANY REASON, I DO NOT ATTEND SCHOOL AS STATED IN THE
APPLICATION, I AGREE TO RETURN THE SCHOLARSHIP IN FULL TO THE GRAND
COURT OF FLORIDA, ORDER OF THE AMARANTH.

Applicant must sign (to be considered)

DATE: _____

Witness: (Parent or guardian) _____