

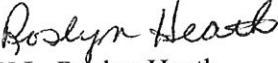


GRAND COURT OF FLORIDA  
ORDER OF THE AMARANTH

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, 2023**
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. Roslyn Heath, GRM  
6776 Townsend Rd #181  
Jacksonville, FL 32244-4357
9. This SCHOLARSHIP is to be AWARDED at our annual Grand Court Session.

We will contact you with date and location of our Grand Court 2023 hope that you will be present to receive your scholarship donation

  
H.L. Roslyn Heath  
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 ORGANIZATION TO WHICH YOU BELONG: \_\_\_\_\_

LIST ANY OFFICE HELD, IF ANY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CURRENT ADULT ADVISOR'S 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 TO WHICH YOU BELONG: \_\_\_\_\_

\_\_\_\_\_

Use extra paper if needed

WHAT ARE YOUR GOALS IN LIFE? \_\_\_\_\_

SHORT NARRATIVE REQUESTED \_\_\_\_\_

Use extra paper if needed

MASONIC YOUTH SCHOLARSHIP - ORDER OF THE AMARANTH

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.

\_\_\_\_\_ DATE: \_\_\_\_\_

Applicant must sign (to be considered)

Witness: (Parent or Guardian) \_\_\_\_\_