

# Bursary Application Form

(For information guidelines, see last page)

This application must be completed in full and signed by  
The Lodge Master and Secretary

(Please print all information in BLOCK LETTERS)

## 1. Statement by Applicant

A. Name in Full \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town/Village \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel No. \_\_\_\_\_ Email \_\_\_\_\_

B. i) Who is your Masonic connection which makes you eligible for this Bursary?

\_\_\_\_\_

ii) What is your relationship to this Mason?

\_\_\_\_\_

iii) Name of Masonic Lodge where he is/was a Member?

\_\_\_\_\_

C. In what school or institution did you prepare for University/College?

\_\_\_\_\_

D. Mention any distinctions gained in school work, games, school societies, etc., and positions of responsibility held.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. Have you already received your acceptance from an educational institution? \_\_\_\_\_

What year of studying will you be entering? \_\_\_\_\_

Course you will be pursuing? \_\_\_\_\_

Leading to what vocation? \_\_\_\_\_

F. Name and Address of University/College you are entering this year

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G. Have you received or applied for any other Bursary or Scholarship? If so, please give particulars including name and amount:

<u>APPLIED FOR</u>	<u>AMOUNT (\$)</u>	<u>RECEIVED (\$)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you previously received a Masonic Bursary? Yes \_\_\_\_\_ No \_\_\_\_\_

H. I understand and agree that any changes in my intention to enter University/College this year or in my choice of institution of higher education and course of study will be conveyed in writing to the Office of the Grand Secretary without delay prior to the **CLOSING DATE OF THE SECOND FRIDAY IN JULY** for receipt of this application. **Initial to signify you have read and understand the foregoing.** \_\_\_\_\_

I. If awarded a Bursary, I understand that it will be conditional on my entering or returning to an educational institution this current year. **Initial to signify you have read and understand the foregoing.** \_\_\_\_\_

**You must include the following with this form:**

1. Proof of acceptance at the above named College/University
2. A colour photograph, size approximately 2 ½ x 3 ½, suitable for publication

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

\_\_\_\_\_  
Date

**2. The following declaration is to be completed by Husband, Father, Mother, Guardian, or Grandparent of Applicant.** (Please print all information in BLOCK LETTERS)

I, \_\_\_\_\_, of \_\_\_\_\_ in the county of \_\_\_\_\_ and the Province of New Brunswick, do solemnly declare and state:

A. That I am the (Husband, Father, Mother, Guardian, or Grandparent) \_\_\_\_\_ of the above named applicant.

B. That the total number of dependants in our family is \_\_\_\_\_ composed of the following: (Give name and ages of children)

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

C. That our financial position is as follows:

(Here state GROSS income and sources of same and any other facts which you believe would be of assistance to the Committee. GROSS INCOME of Husband or both parents must be indicated. If none, state NIL. For Guardian or Grandparents, so indicate.)

\_\_\_\_\_ Father: **Gross Salary** \$ \_\_\_\_\_ Other Income \_\_\_\_\_

\_\_\_\_\_ Mother: **Gross Salary** \$ \_\_\_\_\_ Other Income \_\_\_\_\_

Other facts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are no longer a dependant, provide information on your own earnings:

Total Income \$ \_\_\_\_\_

D. Other than a Bursary or Scholarship, has the Applicant or yourself made application for or received financial assistance for his/her education from other sources? (ie. Provincial Grants or Loans)

If yes, please explain:

**Source** \_\_\_\_\_ **Amount Received \$** \_\_\_\_\_

**Source** \_\_\_\_\_ **Amount Received \$** \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

E. What level of financial support will you be providing to the applicant? \_\_\_\_\_

\_\_\_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. If Guardian or Grandparent, provide a brief explanation of the circumstances why natural parents are not completing this portion of the application and/or not contributing.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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**3. The following Declaration is to be completed by the Worshipful Master and Secretary of the Masonic Lodge**

We certify that the above Mason, Brother \_\_\_\_\_ is/was a member in good standing and not in arrears of Lodge \_\_\_\_\_ No. \_\_\_\_\_

**and that the enclosed information is correct and complete to the best of our knowledge.**

\_\_\_\_\_  
Worshipful Master

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Date

**4. Disposition of Application** (For Grand Lodge Use Only)

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

Committee

\_\_\_\_\_  
Date

## **BURSARY INFORMATION**

### **PURPOSE**

To assist Brethren, Children, Grandchildren, Wives and Widows of Brethren and deceased Brethren in the Jurisdiction of New Brunswick with University/College Education.

### **BASIS OF AWARDS**

The financial circumstances of the applicant/family will be the foremost consideration in awarding bursaries.

### **REQUIREMENTS**

The Bursaries are tenable at any University or College and at any level of study.

### **PAYMENT OF BURSARIES**

The amount of the Bursary **shall be paid directly to the College or University** which the student is attending. Should one or more Bursaries fail to be awarded during the year, the amount of such Bursary shall be used for additional Bursaries in future years.

### **SELECTION OF THE APPLICANTS**

Application for these Bursaries shall be made in writing on GLNB2013 Masonic Bursary forms only. All other forms **ARE NOT** acceptable.

Applications not fully completed **WILL NOT** be considered.

Applications **MUST BE** signed by the Worshipful Master and Secretary of the Mason's Lodge. Applications not signed **WILL NOT** be considered.

Make sure the application is fully completed, attach the following three items and send to:

1. completed form
2. proof of acceptance
3. photo

**The Office of the Grand Secretary**

**PO Box 6430, Station A**

**Saint John, NB E2L 4R8**

for receipt not later than the closing date – **the second Friday in July. LATE APPLICATIONS WILL NOT BE CONSIDERED.**

The selection of awards shall be vested in the Committee appointed for the purpose.