



**Exodus Lodge #593
Free & Accepted Masons
M.W.P.H.G.L.G.A**

**330 Auburn Ave. Atlanta, Georgia
James Ingram Scholarship**

Qualifications

- 1. All applications and essays must be signed and turned in person or scanned and emailed to exodusscholarship593@gmail.com by May 15th, 2024.*
- 2. Must be a current graduating senior or currently enrolled at any institution of higher education. Must specify the current institution or desired institution.*
- 3. Must fully and honestly complete and submit scholarship form.*
- 4. Applicant must submit a 250 word essay detailing why this scholarship is needed and how it will impact them.*
- 5. All applicants must submit an official transcript to be considered.
(GPA does not fully determine eligibility.)*
- 6. All applicants must submit a headshot (picture of student) and bio about the student.*

Student Scholarship Application Form

411 Maxham Rd Ste. 400-324 | Austell, GA 30168 | exodusscholarship593@gmail.com

Instructions:

1. Please print clearly the following information. Turn in completed application, with all applicable signatures, to email address listed. If this form is incomplete, inaccurate, or not signed, it will not be considered.
2. Please complete one application for each scholarship.
3. Please submit a new application each semester or as required by scholarship criteria.
4. Selection Committee may require an attached written statement describing scholarship goals, financial statements, and other relevant information. (See specific scholarship criteria).
5. All applicants must submit a headshot and a brief biography with application.

Have you applied or been a recipient of the Exodus Lodge #593 James Ingram Scholarship?

Yes___ No___ If so, when/which?_____

Personal Information:

Applicant Name:_____
Home Address:_____
City:_____ State:_____ Zip code: _____
Phone number:_____ Email:_____

Academic Information:

Name of institution:_____
Current Year/Grade:_____
Major:_____ Minor:_____ GPA:_____

Extracurricular Activities/Honors:

Financial Information:

Please explain why this scholarship is needed:_____

Nepotism

Statement:

State law requires applicants to identify any relation to a current Exodus Lodge #593 Members and/or Crown Foundation Board of Directors or Board of Trustees. A student related to either can only receive a scholarship if exclusively based on academic merit or athletics.

Are you related to any member of Exodus Lodge #593 and/or Crown Foundation Board of Directors or Board of Trustees?

Yes _____ No _____

If yes, please identify the Member or Board member and the relationship: _____

Authorization Information:

I release to Exodus Lodge #593 Members, the Crown Foundation and the Crown Foundation Scholarship Selection Committee the right to access all my current and ongoing personal and academic records and transcripts. If awarded a scholarship, I understand that I must meet the scholarship criteria and Standards of Academic Progress for the Crown Foundation.

Initial: _____

I understand that my name and information from my academic history may be released to the Scholarship Select Committee and the scholarship donor(s). If awarded a scholarship, I release to the Crown Foundation Selection Committee, the right to arrange a meeting with the donor(s) and use my name, story, and picture for printed and video materials, reports, and press releases, without compensation, as well as I will attend ceremonies and receptions. I also recognize the advisability of communicating a letter of thanks to Exodus Lodge #593 Members, the Crown Foundation and the Crown Foundation Scholarship Selection Committee.

Initial: _____

I acknowledge, that if the applicant is under the age of 18 years old or not of sound mind, I as the parent or legal guardian am completing this application on their behalf and assume full responsibility for the integrity of this application and the steps hereafter.

Initial: _____

Student Name: _____ Date: _____

Student Signature: _____

Legal Guardian Name: _____ Date: _____

Legal Guardian Signature: _____

Scholarship Selection Committee Use Only:

Scholarship Selection Committee Director Signature: _____

Scholarship Awarded: _____ Date: _____