

Order of Amaranth

Youth Scholarship Application



PLEASE NOTE:

PLEASE SUBMIT APPLICATION AND RELATED DOCUMENTATION VIA EMAIL TO

[slkrall@comcast.net](mailto:slkrall@comcast.net)

PLEASE USE PDF OR MICROSOFT WORD

Application and related documentation must be returned by ***January 20, 2025*** to be eligible for consideration.

2024-2025



**ORDER OF THE AMARANTH**

**Scholarship Application**

**Pennsylvania Masonic Youth Foundation**

**Educational Endowment Fund**

**Please complete all required information**

Name: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

Cell phone: Click here to enter text. E-mail: Click here to enter text.

Birthdate: Click here to enter text.

Parent’s Name: Click here to enter text. Occupation: Click here to enter text.

Parent’s Name: Click here to enter text. Occupation: Click here to enter text.

Parents’ address (if different from above) Click here to enter text.

**ELIGIBILITY**

To be eligible to receive an Amaranth Scholarship, applicant must be an active Pennsylvania Rainbow Girl, Job’s Daughter, DeMolay, a daughter or granddaughter of a member of the Order of the Amaranth in Pennsylvania, or a Pennsylvania member of the Order of the Amaranth and must be between the ages of 18 and 21. The applicant must be a high school graduate and enrolled in an institution of higher learning.

Have you ever applied for a scholarship from the Order of the Amaranth?

Yes  No  IF YES, give year Click here to enter text.

Have you ever received a scholarship from the Order of the Amaranth?

Yes  No  If YES, give yearClick here to enter text.

Are you a member of a Masonic Youth Organization? YES  NO  If yes, which one Click here to enter text.

Please list the name of the adult leader, organization, and her or his address - Click here to enter text.

Are you a relative of a Pennsylvania Member of the Order of the Amaranth? YES  NO  If yes, please list name and relationship

Click here to enter text.

Are you a member of the Order of the Amaranth? YES  NO  If yes, please list Court name, number and positions held:

Click here to enter text.

To what other non-school related groups do you belong? Click here to enter text.

ACADEMIC RECORD

Name of High School: Click here to enter text.

Address Click here to enter text.

Year Graduated Click here to enter text. Grade point average: Click here to enter text.

Name and address of University, College or Trade School in which you are enrolled.

.Click here to enter text.

Student Status: FULL TIME  PART TIME

Academic Year Click here to enter text.Anticipated Graduation Date Click here to enter text.

Grade Point Average Click here to enter text.

Major Course of Study Click here to enter text.

Minor Course of Study. Click here to enter text.

For what career are you planning? Click here to enter text.

In undecided, indicate possible choices: Click here to enter text.

Please email the following documentation with the application.

1. A letter (*not to exceed one page*) explaining the depth of your involvement in Masonic Organizations, Extracurricular activities and the community in addition to any other information you would like the committee to consider.

2. Most current copy of college transcript.

3. Two confidential letters of recommendation.

3. A letter of certification from your Youth Group Leader and/or Amaranth Court Secretary verifying your membership and/or relationship to Amaranth member. This is not a letter of recommendation; it only verifies that you are eligible under the established criteria for consideration.

All documentation must be received electronically by the deadline of January 20, 2025. Please send via email to:

Mrs. Shelley L Krall, Chairman

Amaranth Youth Scholarship

slkrall@comcast.net

I believe that the information contained herein, or attached, is correct to the best of my ability.

Signature of applicant

Date of application