



Most Worshipful St. Paul Grand Lodge AF & AM

Mount Moriah Grand Chapter OES

Willie Reeves and Mary Smith Scholarship Application

Name _____
First Middle Last

Mailing Address _____
Street City State Zip Code

Date of Birth _____ Email: _____

Home Phone: _____ Cell Number: _____ Work Phone: _____

The name of High School where your diploma will be awarded: _____

Which college/university are you planning to attend and what area of study do you plan to pursue? _____

Name of Parent(s) _____
Father Mother Guardian

Address _____
Street City State Zip Code

Home Phone: _____ Cell Number: _____ Work Phone: _____

Name one person who has been most influential in your school life and in what way?

Why do you want to go to college? _____

What are your plans after college graduation? _____

List any honors received during the past four years:

School _____

Community _____

Organizations _____

List all extracurricular and community activities that you participated in and the positions you held during high school _____

Signature

Date

The information presented on this application will be used solely for scholarship selection and will be kept strictly confidential.

Return on or before June 03, 2021

To: Willie Reeves and Mary Smith Scholarship Fund
P. O. Box 3044
Little Rock, AR 72203

DO NOT WRITE BELOW THIS LINE

Date Application Received _____

Application Completed in Full ___Yes ___No

Grade Point Average _____

College or University Attending _____

Letters of Recommendation Included ___Yes ___No

Name of High School _____

Transcript Received ___Yes ___No

Application Score _____

Recommended ___Yes ___No