

APPLICATION DEADLINE:

This application must be received no later than May 19, 2017

*The Most Ancient and Honorable Society of
Free and Accepted Masons for the State of New Jersey*

**2017 RICHARD CADMUS
TRACK & FIELD
SCHOLARSHIP APPLICATION**

This scholarship is made available for individuals who are members in good standing of Tri-State Wheelchair & Ambulatory Athletics and who have participated in the Junior Masonic Wheelchair Meet for the previous two years (2015 and 2016)

Other requirements are that the athlete be a student graduating from High School in 2016 and enrolling as a freshman in a college or university on a full-time basis (carrying the equivalent of at least 12 credit hours).

The scholarship is payable upon receipt of a valid semester/term bill. Installments will be \$250.00 per semester/term for a total of \$500.00 per year for four years; not to exceed a total of \$2,000.00. A recipient not completing an academic semester without just cause (as determined by the Scholarship Committee) shall forfeit all future installments. The scholarship is transferable from a community college to a four-year college or university, as long as no break in attendance occurs. Any modifications or exceptions to the provisions contained herein shall rest with the decision of the Scholarship Committee and is final.

REMEMBER:

A MINIMUM OF OF 12.0 CREDIT HOURS AND A 2.5 GRADE POINT AVERAGE MUST BE MAINTAINED FOR CONTINUED ELIGIBILITY

The scholarship is awarded at the sole discretion of the Scholarship Committee. Applications can be obtained through the Organizations sponsoring the athlete participants in the annual Masonic Wheelchair Games, or on the Tri-State Wheelchair & Ambulatory Athletics website (www.tswaa.com)

Your completed application must be received on or before May 19, 2017, along with the following materials:

- A transcript of your grades (a GPA of at least 2.5 over the past two years is the minimum requirement)
- SAT scores (if available)
- Resume including school and extra curricular activities
- Three letters of recommendation from teachers/community leaders. (at least two from teachers)
- Pending proof of acceptance to an accredited college or university for a full-time course of learning leading to a bachelor's degree (If you cannot yet provide this, please advise of any extenuating circumstances).
- A statement or essay as to your goals and aspirations both during and after your college years.

Mail completed applications to:

**Richard Cadmus Scholarship Committee
c/o Raymond J. Vanden Berghe Sr.
P.O. Box 123
Sergeantsville, New Jersey 08557-0123**

CONFIDENTIAL QUESTIONNAIRE

1. Full Name of Applicant _____
Last Name First Name MI

2. Home Address: _____
Street State Postal Code

3. Telephone Number: _____ Age _____ Grade _____

Family Income from all sources (a copy of the 2016 1040 should be included; if an extension has been filed, please submit a copy of that extension and the 2015 forms)

Less than \$30,000 \$100,001 to \$120,000
\$30,000 to \$70,000 \$120,001 to \$150,000
\$70,001 to \$100,000 over \$150,000

Do you own or rent your home?
State monthly payments \$ _____ (include any property taxes paid)

List all real estate owned and its assessed value

_____ Value \$ _____
_____ Value \$ _____

Obligations of Parents/Guardians

Mortgages or Real Estate \$ _____
Loans \$ _____
Real Estate Taxes: \$ _____
Other (describe) \$ _____

List all dependent children

Names	Age	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Academic

Name of High School _____

Address (Street, City, State, Zip) _____

Current GPA _____ Class Rank (if known) # _____ out of _____ students.

SAT Score- Math _____ SAT Score – Verbal _____ Composite ACT Score _____

Colleges/Universities Applied and Accepted to:

Sports and related activities (Either in or out-of –school)

Extra-Curricular Activities:

I hereby authorize the Scholarship Committee to request and obtain any further information it deems necessary in order to consider this application. Furthermore, I hereby certify that all information and statements on this form are true and correct.

(Signature of Applicant) (Date) _____
(Signature of Parent/Guardian-must be signed to verify financial statements)

REMEMBER: EVERY ITEM MUST BE COMPLETED ON THIS FORM IN ORDER TO BE CONSIDERED AS AN ELIGIBLE APPLICANT