

Olive Branch Lodge Masonic Awareness Scholarship Application

Name: _			
Address _			
- Telephone:	D.0	D.B	
Birthplace: _			
Family Informa	tion		
Father's Name: _		Living () Deceased ()
Is your Father a M	Master Mason? Yes () No (()	
If yes, what Lodg	ge does he belong to:		
Mother's Name:		Living () Deceased ()
Is your Grandfath	ner a Master Mason? Yes ()]	No ()	
If yes, please pro	vide his name		
Any other family	members/relatives who are M	Masons?	
Educational Pla	ns		
Schools Applied	to	Field of Study	
Please provide a	student statement regardi	ng personal goals, accomplishments, extra- t history and reasons why this application s	hould
Please return to Olive Branch Lo	: odge Scholarship		

P.O. Box 202 Millbury, MA 01527

Application must be received by: April 22, 2024 for consideration.