



**BOB GRISSOM MASONIC MEMORIAL
SCHOLARSHIP APPLICATION
Russellville Lodge #371**

Name: _____

DOB: _____ / _____ / _____

Address: _____

City/State/ZIP: _____

High School Attended: Russellville High School Graduation Date: _____

Grade Point Average: _____ Scale 4.0 or 100? _____ Class Rank: _____ of _____

List extracurricular activities: (Attach additional pages if necessary.)

List any family members you have who are members of the Lodge and include their Lodge Number:

Please tell the committee about your financial need and your plans for college, including your intended major and which college you plan to attend: (Attach additional pages if necessary.)

I certify that the information given is true. I agree to abide by the decision of the Bob Grissom Masonic Memorial Scholarship Committee.

Signature: _____ Date: _____

Return to Russellville High School Counselor prior to due date.