

SCHOLARSHIP FORM

Please Print or Type

Lodge: _____ Lodge No. _____ District _____

Address: _____ Zip Code: _____

Date: _____

NAME MEMBERS <small>(List Names Alphabetically)</small>	AMOUNT PAID	NAME MEMBERS <small>(List Names Alphabetically)</small>	AMOUNT PAID
1.		19.	
2.		20.	
3.		21.	
4.		22.	
5.		23.	
6.		24.	
7.		25.	
8.		26.	
9.		27.	
10.		28.	
11.		29.	
12.		30.	
13.		31.	
14.		32.	
15.		33.	
16.		34.	
17.		35.	
18.		36.	

Secretary's Signature: _____ Total of Members Listed _____

(\$10.00/per member - Make check payable to: MWP HGL, Scholarship Account) Total Submitted \$ _____

For Use of the Grand Secretary's Office (Account Manager) Only

Total Amount Received \$ _____ Date Received/Processed _____

Signature _____, Asst. Grand Secretary