George A. and Evelyn Aspacher Memorial Scholarship

Application Form

Applicant's Name: _____ Date of Birth: _____

Applicant' Address: _____

Name(s) of Parent(s)/Guardian(s): _____

Address of Parent(s)/Guardian(s): _____

Name of Paul Revere Lodge Master Mason to whom you are related: _____

Circle the type of relationship: Son Daughter Grandson Granddaughter

Institution of higher education in which you are/will be enrolled: _____

Address of institution: _____

Identify the program you are/will be pursuing: _____

List community service(s) that you have performed and the dates you performed them.

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Please submit proof of participation in these activities (e.g. letters from directors, organizers, etc.) with this application.

_____ _____

Signature of Applicant Signature of Parent (Guardian)