



Artisans Order of Mutual Protection



\$1,000 COLLEGE SCHOLARSHIP ASSISTANCE AWARDS

Must be returned no later than March 31st

Scholarship Awards of \$1,000 each will be given to eight (8) of our high school graduates enrolling in any accredited four year college or university by the Artisans Dining Club, bringing the total first year scholarship money awarded to \$8,000.

THE FOLLOWING RULES APPLY

1. Must be a high school senior who has been a Junior or Senior of the Artisans for at least two years preceding the date of application for the scholarship.
2. Applications shall be made on official forms available at the main office and must be returned to the main office before March 31st.
3. The applicant must be accepted and enrolled as a full-time undergraduate day student in an accredited four year college or university before payment is made. All payments covering Scholarship Awards will be remitted to the student however, made payable to the college or university. The award must be applied towards the cost of tuition, fees for books or room and board.
4. No officer or member of the Artisans has any control over the selection of the recipients of the Scholarship Awards. This is an exclusive responsibility of the Selection Committee, who are not members of the Artisans.
5. The basis of selection will be the relative merits of the applicants qualities of character and leadership, estimated cost of attending college, family income, number of other children in the family, applicant's resume, grade point average, rank in class, scores on the College Board Test and counselor's recommendation.
6. The decisions of the Selection Committee will be final and the winners announced as soon as the committee has finished their selection.
7. The Artisans Order of Mutual Protection reserves the right to change, suspend or discontinue this Scholarship Program at its discretion and without prior notice.

Fraternally and cordially,
ARTISANS DINING CLUB

IMPORTANT NOTICE: Please be sure that all parts of the application have been returned to the office so that your application may be judged on an equal level as those who have submitted all appropriate material. **IT IS YOUR RESPONSIBILITY.**

Artisans Order of Mutual Protection
8100 Roosevelt Boulevard
Philadelphia, PA 19152

Application for
\$1,000 College Scholarship Assistance Award
Must be returned no later than March 31st

"Meet the Challenges of a Higher Education"

PLEASE PRINT OR TYPEWRITE

Name of Student _____

Address _____

_____ Telephone No. _____

Assembly to which you belong _____

Name of High School _____ Graduation Date _____

High School Address _____

Have you applied to a College or University for acceptance in Fall '20? _____

Have you been accepted for admission by one or more Colleges or Universities? _____

If you have been accepted, please complete the following:

First Choice _____ Anticipated Cost* _____

Address _____

Second Choice _____ Anticipated Cost* _____

Address _____

*Please list your total cost of tuition and room and board.

Have you received any other scholarships or grants? _____

Please indicate total family income: _____ Other dependent children? _____

Do you have a part-time job? _____

Approximate earning _____ Signature _____

On a separate sheet of paper, please give a brief description of any special family circumstances that will help us reach a decision on your application. We would also like a brief resume of your school years activities and any other aspirations you may have for your future career plans.

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8100 Roosevelt Boulevard
Philadelphia, PA 19152

Application for
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"Meet the Challenges of a Higher Education"

THIS PORTION OF THE APPLICATION MUST BE COMPLETED BY YOUR HIGH SCHOOL GUIDANCE COUNSELOR AND RETURNED TO THE MAIN OFFICE TO:

Artisans Order of Mutual Protection
8100 Roosevelt Boulevard
Philadelphia, PA 19152

Name of Student _____

Name of High School _____ Phone _____

School Address _____

Student's Overall Grade Average _____ PSAT Scores - Verbal _____

Sophomore _____ Math _____

Junior _____ SAT Scores - Verbal _____

Senior _____ Math _____

Most recent Class Rank _____

PLEASE ATTACH SCHOOL TRANSCRIPT

On the reverse side of this form, please list any additional information which you feel will help us to understand the student's background and your recommendation for College. Please indicate activities, sports, clubs, offices, honors, or any special achievements.

Signature _____

ALL INFORMATION MUST BE COMPLETE IN ORDER FOR THE STUDENT TO BE ELIGIBLE FOR CONSIDERATION OF A SCHOLARSHIP.