



**Golconda Prince Hall Shriners, Inc.**  
 190 Irving Turner Blvd. Newark, NJ 07102  
 Oasis of Newark-Desert of New Jersey  
 Meets 3rd Tuesday Each Month

**Noble Wilson ‘Andi’ Carter – Illustrious Potentate**

**CHAIRMAN**

P.P. Hasjonn P. Simmons  
 PO Box 10115  
 New Brunswick, NJ 08906  
 732-853-9970

**ILLUSTRIOUS RECORDER**

Michael Diggs  
 33 Leland Ave.  
 Plainfield, NJ 07062  
 908-757-0813

Date Submitted: \_\_\_\_\_

**Vice Chairman**

**PP George Marshall**

**The Dr. William B Robinson College Scholarship Grant**

(Please Print Carefully or Type)

**Treasurer  
 PP Adrian Desore**

**Board Member  
 P.P. Eugene Dudley**

\_\_\_\_\_

Last	First	Middle
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Address: \_\_\_\_\_

Street	City	State	Zip
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Home Phone Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Male or Female: \_\_\_\_\_ High School: \_\_\_\_\_

Address: \_\_\_\_\_

Street	City	State	Zip
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Contact Email (Parent or guardian): \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Class Rank: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

What college do you plan to attend?

\_\_\_\_\_  
 (Enclose a copy of acceptance letter at the time of application)

What will be your major field of study?

On a separate paper, list the activities do you participate in school, church or your community?

On a separate paper, list the honors and awards you have received:

Enclose with this application, two letters of recommendation and a copy of your transcript with School seal. One letter should be from a teacher, the other from your counselor, and each should be written on school stationary.

Father or Guardian's name: \_\_\_\_\_

Address \_\_\_\_\_

Number and Street City State Zip Code

Occupation: \_\_\_\_\_ Gross Income: \_\_\_\_\_  
**(Enclose photocopy of W-2)**

Mother or Guardian's name: \_\_\_\_\_

Address \_\_\_\_\_

Number and Street City State Zip Code

Occupation: \_\_\_\_\_ Gross Income: \_\_\_\_\_  
**(Enclose photocopy of W-2)**

Total number of dependents in the immediate family: \_\_\_\_\_

Is your Sponsor, Immediate Family Member or Guardian a member of the A.E.A.O.N.M.S. (Prince Hall Affiliation)? \_\_\_\_\_ If "Yes" list Name, Temple and Number \_\_\_\_\_

( ) Check if father or guardian is deceased and was a Shriner in good standing:

Date: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian's signature: \_\_\_\_\_

Certified by:

Signature of Illustrious Recorder \_\_\_\_\_

Date: \_\_\_\_\_

Attest:

Signature of Chairman \_\_\_\_\_

Date: \_\_\_\_\_

Award: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Yes / No

Seal

All completed applications are to be mailed to the Scholarship Administrator:  
P.P. Hasjonn P. Simmons  
PO. Box 10115  
New Brunswick, NJ  
Phone 732-853-9970  
[hasjonn@gmail.com](mailto:hasjonn@gmail.com)

**Application Postmark Deadline is February 25, 2017**