



Golconda Prince Hall Shriners, Inc.
Scholarships Application Package
Illustrious Potentate Noble Kevin Bailey
Dr. William B Robinson College Scholarship Grant

Chairman

Noble Albert Martinez

(646)-261-7364

Vice-Chairman

PP George Marshall

(732) 266-5187

Board Member

Noble Raymond L. Smith

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Board Member

Noble Richard Scott

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Board Member

Noble Levi Barnes

1-973-534-5775

Board Member

Noble Walter Wimbush

1-908-463-4542

Board Member

Noble John Conner

973-666-5979

ELIGIBILITY

Currently enrolled high school seniors who are eligible to attend a two- or four-year college or university can apply. Applicants must be legal U.S. residents, be less than 21 years of age and reside within the geographic boundaries of New Jersey, perform 50 hours of verifiable community service.

APPLICATION REQUIREMENTS

Eligible students must submit a complete application and attach all of the required documentation or their application will not be reviewed.

- **Application must be postmarked or emailed no later than June 14, 2024**

SCHOLARSHIP TERMS & CONDITIONS

Scholarship recipients must be accepted/enrolled in and attend a two- or four-year accredited college or university in the academic year following their selection. Verification of acceptance /enrollment is required. The scholarship fund will be paid directly to an award recipient after acceptance or enrollment to an institution of higher learning has been confirmed.

SUPPORTING DOCUMENTS

- Transcripts, Personal Statement, Letter of Recommendation, Acceptance Letter from colleges or universities, (DMV) Photo identification Card, Proof of address, i.e., utility bills. A certified high school transcript that contains the students' class rank and test scores must be submitted with the attached application.
- Applicants must submit a personal statement that provides information about their background, community involvement, career goals, and desire to contribute to their community. Information about unique personal financial circumstances. Personal statements must not be more than two pages in length.
- A one-page letter of recommendation from one of the applicant's teachers or a school official is required. The letter should detail the applicant's background, achievements, leadership abilities, and community involvement. Letters should contain personal personalized information about the applicant.
- Applicants that are selected must be available for an in-person interview with Scholarship Committee, if necessary.

CERTIFICATION AND RELEASE

All applicants and where appropriate, their parent or guardian, must sign the attached application, certifying that all information provided is true and complete to the best of their knowledge. Upon submission of the completed application, applicants grant the Golconda Prince Hall Shriners, Inc.

the right to use any information contained in the application to promote and publicize the Program, or as legally required or permitted by law.

SUBMISSION OF THE APPLICATION

All completed applications must be postmarked on or before Friday, June 14, 2024. Incomplete applications will not be considered. All completed applications and supporting documentation must be sent by mail or email to:

Scholarship Administrator:

Noble Albert Martinez

48 Maple Avenue

Belleville, NJ 07109

Or emailed to

golcondascholarships@gmail.com

Phone 646-261-7364

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APPLICANT GENERAL INFORMATION (Please print or type)

First Name _____ MI _____ Last Name _____

Permanent Address # _____ Street _____ Apt.# _____

City _____ State _____ Zip Code _____

E-Mail Address _____

Home Telephone Number () _____ - _____ Alternate Phone Number () _____ - _____

Male

APPLICANT ACADEMIC STATUS and HIGH SCHOOL INFORMATION

Grade Point Average _____ Class Rank _____ SAT Score _____ High School:

Address: _____

City: _____ State _____ Zip: _____

High School Counselor's Name: _____

High School Counselor's Office Telephone Number: () _____ - _____ Ext. _____

High School Counselor's E-mail address: _____

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FAMILY INFORMATION

Parent/Guardian:

First _____ Last _____ Relationship _____

Parent/Guardian:

First _____ Last _____ Relationship _____

Phone number () _____ - _____ Alternate phone number () _____ - _____

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 or Number

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

Applicant's Signature: Date: _____

Parent or Guardian's Signature: Date: _____

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COLLEGE OR UNIVERSITY INFORMATION

Intended Major: _____

Name of colleges or universities you have applied to attend or have been accepted/enrolled:
(attach acceptance letter)

State: _____ Name: _____

State: _____ Name: _____

State: _____ Name: _____

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CERTIFICATION AND AUTHORIZATION

All of the information that I have provided in this application and the enclosed letters is true and complete, to the best of my knowledge. I certify that I am currently enrolled and in good standing as a senior in high school, accepted for full-time enrollment to a two- or four-year college or university for the 2024-2025 academic year and am eligible to receive scholarships granted under the Golconda Prince Hall Shriners, Inc. Scholarship program. I hereby authorized Golconda Prince Hall Shriners, Inc. to use any information contained in this application to promote and publish the Scholarships, or as legally required or permitted by law.

Applicant's Signature (required) _____ Date: _____

Parent or Guardian's Signature (required) _____ Date: _____

Golconda Prince Hall Shriners, Inc.

Authorization for Release of Records

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, permission is hereby given to the applicant's school officials to release the applicant's secondary school record and other requested information for consideration in the Golconda Prince Hall Shriners, Inc. Scholarship Program.

Applicant's Signature (required) _____ Date: _____

Parent or Guardian's Signature (required) _____ Date: _____
(Required if applicant is under 18 years of age)

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For Committee Purpose Only

Certified by:
Signature of Illustrious Recorder _____ Date: _____

Attest:
Signature of Chairman _____

Date: _____ Award: YES / NO Amount: \$ _____