The Dr. William B. Robinson College Scholarship Grant
(Please Print Carefully or Type)

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Address:
Street          City        State        Zip

Home Phone Number: __________________  Date of Birth __________________  Age _______

Cell Phone Number: __________________

Male or Female: ___________  High School: __________________________________

Address:
Street          City        State        Zip

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:

On a separate paper, describe how you hope to use your education to make a difference in your life and/or the lives of others.
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:

Applicant’s signature: ____________________________________________ Date:______________

Parent or Guardian’s signature: ____________________________________________ Date:______________

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