



STOLKIN TEMPLE #22

Ancient Egyptian Arabic Order Noble Mystic Shrine, INC.

Scholarship Committee
P.O. Box 12431
Augusta, GA 30914-2431

January 3, 2022

DEDRYCK L. LATSON MEMORIAL SCHOLARSHIP AWARD

Instructions for the Applicant

1. Complete the scholarship application in its entirety.
2. Submit (2) letters of recommendation from a teacher, administrator, and/or community leader who can validate your credentials. These letters must be included in the packet. One letter must be from a teacher of an academic subject. **Letters must be specific and pertain to the applicant (no form letters).** There will be no extension for late letters.
3. Develop an autobiographical sketch/essay (not to exceed two typed written doubled spaced pages with 12 point Times New Roman font) that includes:
 - a. Academic achievement
 - b. Explain financial need
 - c. Leadership qualities
 - d. Recognitions and awards
 - e. Extracurricular activities (school and/or community)
4. Ask your senior counselor to complete and provide the information listed on the Counselor's Form.
5. The student should collect the following information and place in a sealed envelope.

- Completed Scholarship Application Form
- Essay
- Two (2) Letters of Recommendations
- Counselor's Form

Mail To:

Mr. Dexter A. Nelson, Scholarship Committee Director
P.O. Box 12431
Augusta, GA 30194-2431

Deadline:

**Application must be postmarked by March 31, 2022
(Only completed packets will be considered!)**

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SCHOLARSHIP APPLICATION FORM

FORM TO BE COMPLETED BY THE APPLICANT

Please print or type.

Name of Applicant _____

Address _____

Telephone () _____ Date of Birth _____

Name of Parent(s) or Guardian _____

Name of current High School _____

Number of Siblings in school: K-5 ____; 6-8 ____; 9-12 ____; College _____

Do you have any family members who are affiliated with Stolkin Temple No. 22? _____

How did you become aware of this scholarship opportunity?

List college(s) of interest:

What is your ultimate career goal?

Deadline:

Application Must Be Postmarked By March 31, 2022

COUNSELOR'S FORM

FORM TO BE COMPLETED BY THE COUNSELOR

Please print or type form.

Student's Name _____

High School _____

- Academic Average: Greater than or equal to 2.5 (in a 4.0 grading scale) _____
- Rank in class _____ of _____
Ranked Total class
- Standardized test scores SAT: _____ Verbal _____ Math _____ Writing _____ Total _____
ACT: _____
- Met all Graduation requirements: _____ YES _____ NO

Comments:

Counselor's Signature _____ Date _____

Please place this form in an envelope, sign across the sealed portion of the envelope, and return it to the candidate. Any recommendations not submitted properly will be discarded.

Deadline:
Application Must Be Postmarked By March 31, 2022