

The James Edward Niles Memorial Scholarship

"Many are the plans in a man's heart, but it is the
Lord's purpose that prevails."

Proverbs 19:21



of

Mt. Olive Lodge #5

P.O. Box 3204

Tallahassee, Florida 32315

*Sponsored by: The Grand Lodge Foundation~Jacksonville, FL
Mt. Olive Lodge #5~Tallahassee, FL and
Mrs. Johnnie M. Niles*

APPLICATION

PLEASE PRINT

1. _____ / _____ / _____
Last Name First Name Initial

2. _____ / _____ / _____ / _____
Permanent Address City State Zip Code

3. _____ / _____ / _____ / _____ / _____
Telephone Number Race Sex Age Date of Birth

E-mail Address

4. _____ / _____
School Currently Attending School Mailing Address & Zip Code

Telephone Number (s) (_____) _____

5. List School/Community organizations and offices held: _____

(Please attach additional sheet if needed)

6. List the names and addresses of two references: References should be non-relatives. One should be a teacher or counselor; the other can be a person from the community. Please submit your letters of recommendation with the application.

1. _____

2. _____

7. Intended Area of Study _____

Do not write below this line. To be completed by High School Official

Date of Graduation _____ Cum. Weighted GPA _____ SAT/ACT Scores _____

Signature of Official _____ Title _____ Date _____

School Seal

DEADLINE DATE FOR FILING APPLICATION ~ MUST BE POSTMARKED BY May 30th.

The application must be received at Mt. Olive Lodge #5 by the deadline date. Applications will be returned if: 1) criteria is not met; and/or 2) received after the deadline.

This form should be mailed directly to Mt Olive Lodge #5. **Deadline Date:** May 30th of each year. All information should be submitted in one mailing by the deadline for consideration. **Requirements:** 3.0 GPA, 25-ACT Score or 1100 SAT, (500 word essay; stating why you wish to continue your education.) These requirements are effective 01/13/2023.)

8. Work Experience/Community Service (Attach additional sheet if needed)

Year	Employer	Type of Work/Community Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. List the reason you are applying for the scholarship _____

10. Parent (s)/Guardian (s) Name _____ Phone No. _____

11. Occupation of Parent(s)/Guardian (s): Mother _____
Father _____

	Number	Age	Level of Education
12. List of Siblings Sister (s)	_____	_____	_____
	_____	_____	_____
Brother (s)	_____	_____	_____
	_____	_____	_____

(Please attach additional sheet if needed)

13. List Education & Career Goals: (attach additional sheet if needed) _____

14. I hereby grant permission for an official sealed transcript to be released for the purpose of consideration of this scholarship:

Signature _____

Date _____

The James Edward Niles Memorial Scholarship
Established, January 4, 2022



By Mt. Olive Lodge #5

The James Edward Niles Memorial Scholarship

Check List

(Applicant, please check to make sure you have included all the documents listed below.)

- 1. The submission of two letters of recommendation.*
- 2. The school seal and certification of GPA and test scores by counselor.*
- 3. The application must be postmarked by the deadline date of May 30th.*
- 4. Include your 500 word essay. (Why you wish to continue your education)*
- 5. The sealed official transcript.*
- 6. The application is to be sent to Mt Olive Lodge #5 at the following address: Mt. Olive Lodge #5
P. O. Box 3204
Tallahassee, Florida 32315*

Note: Please submit all of the required documents with the application.

Thank you