



**THE UNITED GRAND COMMANDERY  
MASONIC KNIGHTS TEMPLAR – P.H.A.  
JURISDICTION OF PENNSYLVANIA**

4301 North Broad Street  
Philadelphia, Pennsylvania 19140  
(215) 329-2139

**JAMES M. THORNTON  
and  
JAMES SHEPPARD., JR. FUND**

**EDUCATIONAL FUND COMMITTEE**

**Application for Financial Aid**

(PLEASE TYPE OR PRINT CLEARLY)

**I. PERSONAL INFORMATION**

Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**II. Parents**

**Father**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_



JAMES M. THORNTON  
&  
JAMES SHEPPARD, JR. FUND  
of the  
United Grand Commandery  
Masonic Knights Templar  
Prince Hall Affiliation  
Jurisdiction of Pennsylvania  
Application for Financial Aid  
PLEASE TYPE OR PRINT CLEARLY

Please return completed  
Application to:  
Chairperson:  
Otis J. Guinyard  
606 E. Basin St.  
Norristown, Pa. 19401

I. PERSONAL INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

Home Address, \_\_\_\_\_

City State Zip \_\_\_\_\_

Telephone Number Date of Birth \_\_\_\_\_

FATHER:  
Name

\_\_\_\_\_  
(Last) (First) Middle

Home Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Telephone Number Fathers Occupation \_\_\_\_\_

Mother: Name

\_\_\_\_\_  
(Last) (First) Middle

Home Address

City \_\_\_\_\_ State Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Mothers Occupation \_\_\_\_\_

Dependent Children in Family \_\_\_\_\_  
(Number)

A. Sponsor's Name:

\_\_\_\_\_

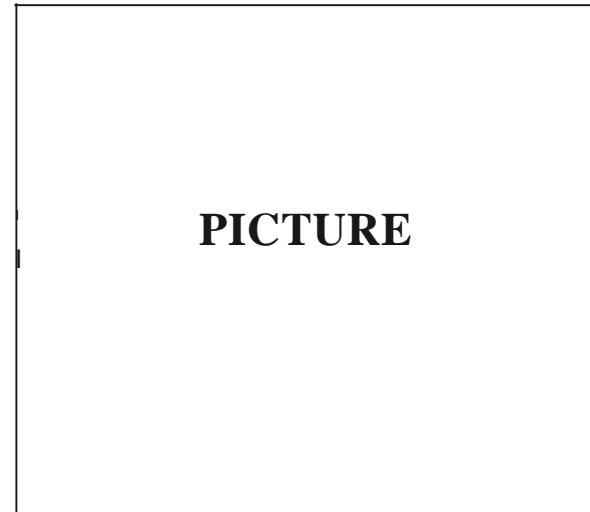
Commandery's Name: \_\_\_\_\_ No. \_\_\_\_\_

B.  
Student's Grade point average:

\_\_\_\_\_  
Attending University Name

Major:  
\_\_\_\_\_

C. Student's Photograph



VI. PERSONAL EXPRESSION

Please compose a paragraph explaining your reasons for wanting to further your education. (Use a separate sheet if necessary.)

Empty rectangular box for personal expression.

II. EDUCATION INFORMATION

Name of School: \_\_\_\_\_

City / State \_\_\_\_\_

Date Graduating, \_\_\_\_\_

Name of School Principal \_\_\_\_\_

Name of School Counselor \_\_\_\_\_

Please check course of study your are considering:

( ) Arts / Sciences

( ) Engineering

( ) Business Administration

( ) Education

( ) Technology

( ) Other \_\_\_\_\_

Intend Major \_\_\_\_\_

Intended Occupation or Profession \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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

PLEASE ATTACH ONE (1) COPY OF YOUR HIGH SCHOOL TRANSCRIPT AND ONE (1) COPY OF YOUR COLLEGE ACCEPTANCE LETTER, ALONG WITH ANY LETTERS OF RECOMMENDATION

