

CENTRAL FLORIDA YORK RITE COUNCIL ANNUAL ALBERT R. COBB MEMORIAL SCHOLARSHIP

Office:
420 S. Tampa Ave.
Orlando, Florida 32805



SCHOLARSHIP AWARD 2022

The Central Florida York Rite Council, Committee on Education takes great pride in announcing the Albert R. Cobb Memorial Scholarship. Since the beginning, Central Florida York Rite Council has granted scholarships to deserving students who are entering college in the Jurisdiction of Florida. This year, the Central Florida York Rite Council will be awarding (1) one scholarship of \$1,000.00 to a deserving senior. The \$1000.00 will be paid at a rate of \$500.00 per semester for one year. The check will be made payable to the College/University or Trade School. All applicants for this scholarship shall be governed by the following guidelines.

ELIGIBILITY REQUIREMENTS

- All applicants for the scholarship award **must be**: a son, daughter, brother, sister, grandchild, niece, nephew, or the child of a legal guardian of a member of a Prince Hall Affiliated, YORK RITE GRAND BODY within the Jurisdiction of the Central Florida York Rite Council.
- Or be a member of a youth group of a concordant body working under the protection of Central Florida York Rite Council.
- The student must have at least a 3.0 GPA or higher for consideration for a 4-year college, or 2.5 GPA for a Technical/Vocational school. An official high school transcript is required.
- The application and **ALL** attachments must be received by the Scholarship Committee by the deadline noted below in order to be considered.

IMPORTANT DATES

- Application and ALL attachments must be delivered or postmarked by **JUNE 4, 2022..**
- Notification of award selection by **JULY 1, 2022.. ONLY THE WINNER WILL BE NOTIFIED AND LISTED ON THE CENTRAL FLORIDA YORK RITE COUNCIL WEB PAGE.**
- The award recipient will be required to submit a short biography and a high resolution 4 X 6 professional photo by **July 15, 2022** once they are selected.

COMPLETE APPLICATION PROCESS

IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED, THE FOLLOWING INSTRUCTIONS MUST BE FOLLOWED:

The application, three (3) letters of recommendation, a letter from the Registrar's office of the College/University or Trade School showing acceptance, a sealed official transcript from your school and the essay **MUST** all be received together. If any document is missing, your application **will not** be considered.

ESSAY - PLEASE PROVIDE ANSWERS TO THE FOLLOWING:

- Please explain why you should be awarded the Albert R. Cobb Memorial scholarship and what difference the scholarship would make to you in the pursuit of your educational and professional goals.
- A summary of your educational background including awards received, extra-curricular activities and related information should be provided.
- Include what your interests are academically and professionally when you complete your course of study.
- Please share any community or other volunteer service with which you are involved.
- Feel free to include any personal details regarding your particular situation, financial hardship or obstacles that you had to overcome in the pursuit of your academic endeavors.
- Please share where you see yourself in five (5) years.

LETTERS OF RECOMMENDATION

- Should come from someone who knows you and your school/work ethics. A professor, employer or long-term family friend should write the recommendation.
- The letters of recommendation should contain how the writer knows you, how long they have known you and why they believe you are deserving of the scholarship.

ALBERT R. COBB OBERVANCE DAY

- If selected to receive the Albert R. Cobb Memorial Scholarship the award winner understands it is their responsibility to attend the Albert R. Cobb Observance Day (**Saturday, August 6, 2022; Location is 420. S. Tampa Ave. Orlando FL. Start Time is 11am.**)
- If unable to attend the recipient will make sure to have a representative at said event.

**ANNUAL ALBERT R. COBB MEMORIAL
Scholarship Application
2022-2023**

Section A - Print or type:

1. Name of Student: _____
(Last) (Middle) (First)

2. Home Address: _____
(Street Number and Name) (Apt.)

(City) (Zip Code) (State)

3. Telephone: (_____) _____ - _____
(Area Code)

4. Parent/Guardian Name(s): _____

5. Name of Relative that is a part of Central Florida York Rite Council: _____

6. Are you a Florida resident? Yes _____ No _____

7. Name of college/university/Trade School and location that you plan to attend:

8. Have you been accepted at the school listed above? Yes _____ No _____
If yes, provide acceptance letter
If no, please explain: _____

9. To be completed by school counselor:

Student's expected graduation date: _____

Signature of Counselor: _____ Date: _____

Counselor Telephone: (_____) _____ - _____
(Area Code)

A copy of the student's current transcript must be sealed with this application.

Section B – Print or type:

Limit answers to the space provided. Do not add extra pages.

Academic Honors, Awards and Accomplishments: Please list any accomplishments, honors, scholarships, and awards, including sponsor and date received.

Honor/Scholarship/Award	Sponsor	Date Received

Extracurricular School Activities: Please list any extracurricular school activities, including position and period of involvement.

Organization/Activity	Position	From (Month/Year)	To (Month/Year)

Print or type: Masonic, Community Organizations and Volunteer Activities: Please list any community organizations or activities in which you have been involved within the past four years, including position or description of involvement and period of involvement.

Organization/Activity	Position/Involvement	From (Month/Year)	To (Month/Year)

Section C – Essay:

Essay should be typed on 8 ½” by 11” white paper, double-spaced, with 1” margins, using no smaller than 10-point font, and front side only. Staple the essay to the application as the last page.

Section D – Submission, Authorization, and Statement of Assurances:

The submission of all requested information is mandatory for consideration. The student will not be evaluated for the scholarship unless all information is furnished by the deadline and the following statement is signed. Inaccurate or misleading representations within this scholarship application may result in forfeiture of consideration and/or award.

1. I authorize my school or institution to release any information necessary to verify the information contained in my scholarship application, including a copy of my high school transcript.
2. I certify the information in this scholarship application is true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

The completed application must be *postmarked* by **Saturday, June 4, 2022** and **delivered** or **mailed with a copy of the student’s transcript and required forms** to:

Albert R. Cobb Memorial Scholarship
P. O. Box 195189
Winter Springs, FL 32719