

**APPLICATION FOR SCHOLARSHIP LOAN  
CARL AND GRACE BAKER SCHOLARSHIP LOAN  
CHARLES E. STANLEY SCHOLARSHIP LOAN**

APPLICANTS WILL BE CONSIDERED PROVIDING THEY HAVE GRADUATED FROM A PUBLIC HIGH SCHOOL IN THE FOLLOWING AREAS: AS FAR NORTH AS GALT, AS FAR EAST AS SONORA, AS FAR WEST AS ANTIOCH AND AS FAR SOUTH AS TURLOCK.

TO THE SELECTION COMMITTEE:

THE UNDERSIGNED HERewith MAKES APPLICATION FOR A SCHOLARSHIP LOAN AND CERTIFIES TO THE FOLLOWING:

PLEASE PRINT OR TYPE.

NAME: _____					<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
LAST	FIRST	MIDDLE				
ADDRESS: _____						
STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE		
SOCIAL SECURITY NUMBER		DATE OF BIRTH	MARITAL STATUS (SINGLE, DIVORCED, MARRIED)			
E-MAIL ADDRESS		HIGH SCHOOL ATTENDED			YEAR GRADUATED	

HAVE YOU PREVIOUSLY RECEIVED A CARL AND GRACE BAKER SCHOLARSHIP LOAN?  YES  NO IF YES, WHEN: \_\_\_\_\_

HAVE YOU PREVIOUSLY RECEIVED A CHARLES E. STANLEY SCHOLARSHIP LOAN?  YES  NO IF YES, WHEN: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE SCHOLARSHIP LOAN? \_\_\_\_\_

DO YOU HAVE ANY MASONIC AFFILIATIONS?  YES  NO  
WITH WHOM AND DESCRIBE RELATIONSHIP \_\_\_\_\_

ARE YOU A GRADUATE STUDENT?  YES  NO

PARENT'S NAMES & ADDRESSES:

FATHER		MOTHER	
ADDRESS		ADDRESS	
SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER	
DATE OF BIRTH		DATE OF BIRTH	
HOME PHONE		HOME PHONE	
BUSINESS PHONE		BUSINESS PHONE	
OCCUPATION		OCCUPATION	

ON A SEPARATE PIECE OF PAPER IF NEEDED, GIVE A BRIEF SYNOPSIS OF YOUR PRIOR EDUCATION, INCLUDING HIGH SCHOOL AND ANY PRIOR COLLEGE OR UNIVERSITY ATTENDANCE WITH APPROXIMATE GRADE POINTS ACHIEVED.

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1. NAME AND LOCATION OF THE COLLEGE YOU PLAN TO ATTEND OR ATTENDING NOW.

\_\_\_\_\_

2. STATE YOUR MAJOR AND YOUR OCCUPATION GOAL

\_\_\_\_\_

3. WHAT MONTH AND YEAR DO YOU PLAN TO COMPLETE YOUR EDUCATION?

\_\_\_\_\_

4. DESCRIBE IN AS MUCH DETAIL AS POSSIBLE HOW YOU PLAN TO FINANCE YOUR COLLEGE EDUCATION. SCHOLARSHIP COMMITTEE IS INTERESTED IN DOLLARS AND CENTS FIGURES. IT MAY BE HELPFUL TO INCLUDE THE FOLLOWING TYPE OF INFORMATION: FAMILY INCOME PER YEAR, SAVINGS FOR COLLEGE, PLANS FOR PART-TIME WORK, UNUSUAL FAMILY EXPENSES (SUCH AS MEDICAL AND DENTAL COST), ESTIMATED AMOUNT OF OUTSIDE FINANCIAL HELP NEEDED, IF ANY. USE SEPARATE SHEET IF NECESSARY.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. DO YOU EXPECT TO RECEIVE ANY OTHER SCHOLARSHIPS, LOANS, GRANTS OR OTHER FINANCIAL ASSISTANCE? IF SO, FROM WHO AND HOW MUCH FROM EACH?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. WHAT IS THE APPROXIMATE COST OF ALL YOUR EXPENSES FOR THE NEXT SCHOOL YEAR INCLUDING TUITION, ROOM AND BOARD, AND OTHER EXPENSES?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. REQUESTED LOAN AMOUNT:     \$2,000     \$4,000     \$6,000

PLEASE FURNISH THE NAMES AND ADDRESSES FOR THREE ADULT PERSONS WITH WHOM YOU ARE ACQUAINTED WITH

NAME

NAME

NAME

ADDRESS

ADDRESS

ADDRESS

TELEPHONE

TELEPHONE

TELEPHONE

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PLEASE ATTACH AN OFFICIAL TRANSCRIPT FROM THE SCHOOL YOU ARE ATTENDING. THE COMMITTEE WILL NOT CONSIDER THIS LOAN APPLICATION WITHOUT GRADES ATTACHED.

RETURN THIS APPLICATION TO:

BANK OF STOCKTON TRUST AND INVESTMENT GROUP  
P.O. BOX 201014  
STOCKTON, CA 95201

ALL OF THE INFORMATION FURNISHED ON THIS APPLICATION IS TO THE BEST OF MY KNOWLEDGE COMPLETE AND ACCURATE. THE BANK MAY CHECK ANY OF THE INFORMATION FROM WHATEVER SOURCE THE BANK CHOOSES. I/WE UNDERSTAND THAT FROM TIME TO TIME THE BANK MAY RECEIVE CREDIT INFORMATION CONCERNING ME/US FROM OTHERS SUCH AS STORES, OTHER LENDERS AND CREDIT REPORTING AGENCIES. THE BANK MAY ALSO FURNISH INFORMATION CONCERNING MY LOAN TO CREDIT BUREAUS AND OTHERS WHO SEEK IT. THESE STATEMENTS APPLY TO ALL SIGNING PARTIES.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT/  
GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

(FATHER)

\_\_\_\_\_ DATE: \_\_\_\_\_  
(MOTHER)

PLEASE NOTE:

*THIS APPLICATION MUST BE SIGNED BY THE APPLICANT AND PARENTS TO BE CONSIDERED BY SELECTION COMMITTEE. CREDIT VERIFICATION MAY BE CONDUCTED AS PART OF THE SELECTION PROCESS.*

*PARENTS ARE EQUALLY LIABLE IN THE REPAYMENT OF THE APPLICANT'S SCHOLARSHIP LOAN. IF ONE OR BOTH OF YOUR PARENTS CANNOT SIGN THIS APPLICATION, PLEASE STATE ON A SEPARATE PIECE OF PAPER.*

*APPLICATION PERIOD JANUARY 1<sup>ST</sup> THROUGH APRIL 30<sup>TH</sup>. DEADLINE FOR APPLICATION TO BE RETURNED IS MAY 1<sup>ST</sup>.*

*ALL SCHOLARSHIP LOAN RECIPIENTS ARE REQUIRED TO SUBMIT OFFICIAL TRANSCRIPTS AT THE END OF EVERY SEMESTER TO VERIFY FULL TIME STUDENT STATUS.*

*SCHOLARSHIP LOANS MUST BE APPLIED FOR ANNUALLY, THEY ARE NOT AUTOMATICALLY RENEWED.*

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SELECTION COMMITTEE ONLY

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APPROVED: \_\_\_\_\_ DECLINED: \_\_\_\_\_

CARL AND GRACE BAKER SCHOLARSHIP LOAN: \_\_\_\_\_

CHARLES E. STANLEY SCHOLARSHIP LOAN: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

DATE: \_\_\_\_\_