

# IMCAP

## Education Grant Partnership Application Illinois Masonic Children's Assistance Program

The Illinois Masonic Children's Assistance Program looks forward to partnering with Illinois Lodges in offering the Education Grant Partnership (EGP) program that will provide matching grants for young adults pursuing higher education. The decision to provide matching educational grants shall be made by the IMCAP's Board of Managers.

### All Fields Must Be Completed

#### Instructions:

1. Write information legibly or complete application online. Make sure all signatures are obtained.
2. May request up to \$1000 Matched and \$1000 Unmatched per Lodge per Fiscal Year.
3. **For Matched requests, please include copy of Lodge check.**
4. Student must be 25 years old or younger.
5. Send to IMCAP by email [imcap@ilmason.org](mailto:imcap@ilmason.org), fax (217) 529-0242 or mail 2866 Via Verde, Springfield, IL 62703
6. Checks will be sent directly to student(s) college.

### Partnering Lodge Information:

<b>Lodge Name:</b>	<b>Lodge #:</b>
<b>Request Type:</b> Must mark at one option only. <input type="checkbox"/> Matched: _____ Amount \$ Lodge gave student <input type="checkbox"/> Unmatched	<b>Amount Requesting from IMCAP:</b> \$
<b>Name of Secretary:</b>	
<b>Secretary's Email:</b>	<b>Secretary's Phone Number:</b>

### EGP Student Information

<b>Student's Name:</b>	
<b>Date of Birth:</b>	<b>U.S. Citizen/Resident:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Student's Personal Email:</b>	<b>Student's Phone Number:</b>
<b>Name of College/Training Program:</b>	
<b>College/Training Program Address:</b>	
<b>Currently Enrolled:</b> YES NO	<b>Semester and Year Starting:</b>
<b>Last 4 digits of Social Security #:</b>	<b>Student's College Account #:</b>

The EGP application was favorably voted on by the Lodge on the date of:

I hereby endorse that I have reviewed this application, ensured its completion, and that the Lodge has voted and approved the applicant for receiving the matching Educational Grant for which the Lodge is requesting.

Worshipful Master Signature: \_\_\_\_\_ Date \_\_\_\_\_

Lodge Secretary Signature: \_\_\_\_\_ Date \_\_\_\_\_



**Education Grant Partnership Application**  
Illinois Masonic Children's Assistance Program

Please utilize this checklist to ensure that Education Grant Partnership application has been completed in its entirety and all needed documentation is attached.

- Partnering Lodge Information has been completed in its entirety.
- Lodge Secretary has checked "Matched" or "Unmatched" option.
- If Matched:** The copy of the check that the Lodge awarded the student is attached.
- Lodge Secretary has written amount of "Matched" or "Unmatched" funds requesting from IMCAP for student.
- Student Information has been completed in its entirety.
- Student is currently accepted or enrolled in the college or university that funds are being requested for.
- The student's last four digits of their Social Security number and student's college ID number has been included in application. (IMCAP is not able to issue the check to the student's college without this information).
- Lodge has favorably voted on the student's application.
- Lodge's Worshipful Master and Secretary has signed the application.
- Lodge Secretary has submitted the completed application to IMCAP. (IMCAP will not accept applications from the student, parent, or the high school. Applications **MUST** come from the Lodge requesting the grant.)