

Most Ancient Union Grand Court

Heroines of Jericho, Florida Jurisdiction, P.H.A. Established in January 1882

Formerly Most Worshipful Union Grand Court, HOJ, PHA
Associated with the Most Excellent Union Grand Chapter, HRAM PHA
Companion Dr. Elton Lewis, Most Excellent Grand High Priest
Working under the Protection of the Most Worshipful Union Grand Lodge F&AM, PHA & its Jurisdictions
The Honorable Gus Harris, Jr., Most Worshipful Grand Master

Arnold-Peterson-Byrd Scholarship

The **Arnold-Peterson-Byrd** Scholarship Program recognizes students from the State of Florida for their exceptional scholastic achievement and community involvement. Scholarships will be awarded based on academic achievement, leadership qualities, and involvement extracurricular activities, financial need and employment history. Awards are granted without regard to race, creed, color, religion, gender, or national origin. The Most Ancient Union Grand Court will be awarding monetary scholarships, amounting \$1,000 to (3) three deserving high school students to help him/her achieve their dreams of going to college.

Award Information

The award check will be mailed to the scholar. The award is expected to be used for educational expenses: tuition, books, fees, housing, and other costs normally associated with full-time enrollment.

Eligibility Criteria

To be eligible, you must:

- a. Be a State of Florida high school graduate.
- b. Have participated in community or volunteer work/activities.
- c. Have and maintain a cumulative GPA of at least 2.5 (on a 4.0 scale)
- d. Be accepted by an accredited two or four-year College or University, Community College, or Vocational/Technical school.
- e. Submit a completed application, along with a high school transcript,
- f. (3) letters of recommendation. One (1) from a High School Teacher, Community Leader, and
 - Personal a Reference. The letters of recommendation should include contact information on the individual making the recommendation.

Application Process

Applicants must complete and submit an Arnold-Peterson-Byrd Scholarship Application along with a current official high school transcript, and (3) letters of recommendation to the Most Ancient Union Grand Court Committee on Education. The postmark must bear a date on or before **August 1, 2025**. No applications will be considered after August 1, 2025. **No Exceptions!**

Applications will be evaluated on the information submitted to the Most Ancient Union Grand Court Committee on Education. Only the Committee on Education will review and evaluate applicant's information received.

If you have questions, please contact Heroine Rosa Tucker at 850-459-5224 or via email at r1tuck@aol.com.

Regards,

Sonya Simmons-Brinson

Sonya Simmons-Brinson Most Ancient Grand Matron Michael Q. Bellamy

Michael L. Bellamy Most Worthy Grand Joshua



Attest:

Rosa Tucker

Rosa Tucker Royal Grand Queen Graig Stafford

Craig Stafford Royal Grand King

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APPLICATION FOR ARNOLD-PETERSON-BYRD SCHOLARSHIP

Name:				
•	Home Telephone ()	Cellular()	
•	Tiomo/Mailing / taarooo			
1.	City:	State:	Zip Cod	e:
2.	Email Address:			
3.	Date of Birth: MonthDay	_Year Ge	ender: (Circl	e One) Male or Female
4.	Name of High School:			
5.	High School Phone Number: ()			
6.	City:			State
7.	Principal's Name:		 	
0	Expected Craduation Data from High Cohools			
8.	Expected Graduation Date from High School: MonthYear			
9.	MonthYear Have you applied for any other awards/scholarsh			_
9.	MonthYear	nips? Yesl		_
9.	MonthYear Have you applied for any other awards/scholarsh	nips? Yesf t):	No	
9. (MonthYear Have you applied for any other awards/scholarsh If yes, please state the source and expected amoun Student resides with (Parents/Guardian/Other):	nips? Yesf t):	No	
9. ((MonthYear Have you applied for any other awards/scholarsh If yes, please state the source and expected amoun	nips? Yest	No	
9. ((- 10. 11.	MonthYear Have you applied for any other awards/scholarsh If yes, please state the source and expected amoun Student resides with (Parents/Guardian/Other): Name:	nips? Yes1 it):	No	
9. (10. 11. 12.	MonthYear Have you applied for any other awards/scholarsh If yes, please state the source and expected amoun Student resides with (Parents/Guardian/Other): Name: Address:	nips? Yes! it): State	No	Zip code:
9. (l -10. 11. 12. 13.	MonthYear Have you applied for any other awards/scholarsh If yes, please state the source and expected amoun Student resides with (Parents/Guardian/Other): Name: Address: City:	nips? Yest .t): State	No	Zip code:
9. ((-10. 11. 12. 13. 14.	MonthYear Have you applied for any other awards/scholarsh If yes, please state the source and expected amount Student resides with (Parents/Guardian/Other): _ Name: Address: City: Relationship to Student:	nips? Yest .t): State	No	Zip code:
9. (10. 11. 12. 13. 14. 15. 16.	MonthYear Have you applied for any other awards/scholarsh If yes, please state the source and expected amount Student resides with (Parents/Guardian/Other): _ Name: Address: City: Relationship to Student: Occupation:	nips? Yest .t): State	No	Zip code:
9. (0 10. 11. 12. 13. 14. 15. 16.	MonthYear Have you applied for any other awards/scholarsh If yes, please state the source and expected amount Student resides with (Parents/Guardian/Other): Name: Address: City: Relationship to Student: Occupation: Comments/Remarks	nips? Yest	No	Zip code:

ACADEMIC AWARDS OR HONORS RECEIVED: awards or honors received:	: List the name and dates of all academic
COMMUNITY AWARDS/MEMBERSHIPS OR PRoperty all community awards, special awards, memberships or programs:	
RECOMMENDATION: Applicants must obtain at least three	e (3) letters of recommendation. One (1)
from a <u>High School Teacher</u> , <u>Community Leader</u> and <u>a Personal Responded include contact information on the individual making the rec</u>	
OFFICIAL HIGH SCHOOL TRANSCRIPT: Applicant school transcript in a school sealed official envelope with scholar	rship application.
STATEMENT OF UNDERSTANDING: I certify and un	nderstand that the above information is
true and correct and will only be used by the Arnold-Peterson-Byr	rd Scholarship Committee on Educatior
to determine my eligibility for this monetary Scholarship Award. I ur	nderstand that my information will be kep
in the strictest of confidence. I also understand that my Parents/Gu	ardian's signature is required on this
Arnold-Peterson-Byrd Scholarship Application.	
Applicant's Signature:	Date:
Parent/Guardian Signature:	
Return completed application to the following address No land Rosa Tucker Most Ancient Union Grand Court Committee on Education 1730 Hillgate Court Tallahassee, Florida 32308	ater than August 1, 2025:
FOR COMMITTEE USE ONLY:	
Date Application Received:	
Signature of Receipt:	
Application Documentation Confirmed:	Date:
Application Review Completed:	Date: