

**Desert of Texas  
Ancient Egyptian Arabic Order Nobles Mystic Shrine of  
North and South America and Its Jurisdictions,  
Incorporated**

**Eligibility Requirements:**

**Any qualified graduating student who has a cumulative grade point average equal to or greater than 2.50. The applicant must be a graduating high school senior and intending to be a full time enrolled student. All applications must be received received no later than 01 April.**

1. Name \_\_\_\_\_  
  Last  First  Middle

2. Home Address \_\_\_\_\_

3. City, State and Zip code \_\_\_\_\_

4. Home Telephone Number \_\_\_\_\_ Mobile phone \_\_\_\_\_

5. Name of High School \_\_\_\_\_

6. Birth Place \_\_\_\_\_  
  City  State  Country if not U.S.A.

7. Birthday \_\_\_\_\_  
                                    Month  Day  Year

8. Are you a High School Senior this year?      Yes (    )      No (    )

9. Are you an American citizen?    Yes (    )    No (    )

10. Have you applied for other awards/scholarships?    Yes (    )    No (    )

11. Have you received any other awards/scholarships?    Yes (    )    No (    )    If yes, how many and  
    the amount of each awards/scholarships?  
    \_\_\_\_\_

12. Number of people in your immediate family (parents and children) living with you (please include  
    the applicant in the count) \_\_\_\_\_

13. Please list any applications for College , Vocational or Technical School you have submitted:  
\_\_\_\_\_  
  accepted for admission   Yes (    )    No (    )  
\_\_\_\_\_  
  accepted for admission   Yes (    )    No (    )  
\_\_\_\_\_  
  accepted for admission   Yes (    )    No (    )  
\_\_\_\_\_  
  accepted for admission   Yes (    )    No (    )

***Place an asterisk (\*) beside the one you will most likely attend***

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14. List academic awards or honors received:

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15. Community awards / honors memberships or programs:

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16. What is your intended area of study in College, Vocational or Technical school?

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**I certify to the accuracy and honesty of all responses on this application and associated documents.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Submitting Temple Name, Number, and Desert \_\_\_\_\_

Printed Name of Deputy of the Desert \_\_\_\_\_

Signature of Deputy of the Desert \_\_\_\_\_ Date \_\_\_\_\_

Contact Number \_\_\_\_\_ Email Address \_\_\_\_\_