

MURAT SHRINERS BUSINESS CONNECTION

A Business and Professional Networking Association
Of
Murat Shrine

C/o Murat Shrine Temple
510 N. New Jersey Street
Indianapolis, IN 46204
Tel: (317) 635-2433 Fax: (317) 686-4199

Dear Applicant:

Congratulations on being selected to receive a 2010 Murat Shriners Business Connection Scholarship Application. Your scholarship is sponsored by the Murat Shriners Business Connection, an association of members of the Murat Shrine in Indianapolis, Indiana who are dedicated to promoting the business interests of its members and providing scholarships to deserving patients or former patients of the Shriners Hospitals for Children.

If you wish to obtain a scholarship from the Murat Shriners Business Connection to attend a college or university you may do so by completing the forms and returning them to us by April 16, 2010. This is our eighth year for the scholarship program and we have no set criteria for the granting of scholarships other than that we want to "make a difference" in the ability of an applicant to attend the college or university of his or her choice. You are one of only a select few patients and former patients who were sponsored by Murat Shriners to receive this application.

Since 2003, our first year, we have awarded over 60 scholarships to deserving young people. By April 23, 2010, we will award even more scholarships this year. If selected to receive a scholarship, you will need to attend one of our membership meetings and dinners during May, June or September, so that we may announce your scholarship and attend one of our fund raising events later in the year. Your family is also welcome to attend those meetings and be introduced, if they so desire. In addition, we would like to present the scholarship to you at your school's awards program.

Finally, we would like to publish your picture and a short story about the scholarship in our Murat Magazine, which has a circulation of about 15,000. In this way, we hope to generate interest in other people to donate money to our Scholarship Fund, which will enable us to continue the scholarships, both to you and to other deserving patients or former patients of Shriners Hospitals for Children.

The Chairman of our Selection Committee is Don Richards. When you return your Application, Mr. Richards will advise you if you have been awarded a scholarship. Please do not delay in returning the Application, as April 16 is our last date for accepted applications. Good luck and we look forward to hearing from you.

MURAT SHRINERS BUSINESS CONNECTION

DEADLINE: APRIL 16, 2010

Return to: Murat Shrine Business Connection
ATTN: Don Richards
P.O. Box 50248
Indianapolis, IN 46250

**2010
SCHOLARSHIP APPLICATION
MURAT SHRINER BUSINESS CONNECTION**

Note: Each question must be answered in full, and each request must be fulfilled. Included in the requests are: all transcripts, financial statement, and statements of intent. Failure to fill out the application properly and to comply with the requests will result in the application being denied. All information on this application is confidential and will be used only by the Murat Shriner Business Connection Scholarship Selection Committee.

SECTION I: APPLICANT

Name _____ Soc. Sec. No. _____
Last First MI

Address _____ City, State, ZIP _____

Age _____ Date of Birth _____ Telephone Number: (____) _____ - _____ Fax Number: (____) _____ - _____

Email address: _____

SECTION II: FAMILY

Father's Name _____ Occupation _____

Address (if different from applicant) _____

Number of brothers and sisters in household (excluding yourself) _____ and their ages _____

Mother's Name _____ Occupation _____

Address (if different from applicant) _____

SECTION III: HIGHER EDUCATION

Please indicate the college or university to which you have been admitted and the dates you attended:

Name of Institution: _____

Address: _____

Name and telephone of Dean of Students: _____

Total hours completed through current semester: _____. Number of semesters completed through current semester: _____.

You will enter college next semester as a: (choose one) Freshman Sophomore Junior Senior Post-Graduate

All applications must have an original high school transcript and a copy of your acceptance to college attached and all the requests and questions of this application must be completed, even if you have applied previously.

In addition, if you are to be a sophomore, junior, or senior next fall, you must attach your most recent college transcripts. The Scholarship Selection Committee will not process the application without all requested documentation.

HIGH SCHOOL NAME AND LOCATION: _____

Grade Point Average: _____ on a 4 / 6 point scale. Class Rank: _____ out of _____ senior students.

SAT: Verbal _____ SAT: Math _____ SAT: Total Score _____ ACT Composite: _____

Honors, awards & activities related to school: _____

COLLEGE: Major (s) _____ Minor (s) _____

Credit hours last semester: _____ Cumulative Grade Point Average: _____ on a 4 / 6 point scale.

CIVIC: Memberships, offices and awards in church, civic and non-school-related activities:

FINANCES: College Expenses: Tuition per semester: \$ _____ Fees & Books per semester: \$ _____

Room & Board per semester: \$ _____ Describe other expenses per semester: _____

Are you presently employed? Y / N Where? _____ Weekly pay: \$ _____

Where do you expect financial assistance? Give percentages and amounts:

Scholarships: _____% Loans: _____% Savings _____% Parents: _____% Employment: _____%
\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Other (specify) _____

Have you applied for or received other scholarships? _____ Give names, amounts and approval status:

Attached hereto are the (1) financial statements of myself and parents, guardians or caregivers, as applicable; (2) tax returns of myself and parents, guardians or caregivers, as applicable; and (3) the Authorization to Use and Disclose Specific Protected Health Information. The undersigned represents that he or she satisfies all of the qualifications and agrees to comply with all of the requirements set forth in the 2010 Eligibility, Qualifications and Procedure for Obtaining Murat Shriner Business Connection Scholarships.

I have reviewed the above information and certify to its accuracy as of the ____ day of _____, 2010.

Applicant's Signature: _____ Date signed: _____

**MURAT SHRINE BUSINESS CONNECTION SCHOLARSHIP
FINANCIAL STATEMENT**

for

as of

_____, 20____
Day & Month

Applicant's name: _____ Number in family _____

Applicant's address _____

Number in family employed: _____ Total children in college (excluding yourself): _____

ASSETS

| | |
|---|-----------------|
| Market Value of Non-business Real Estate (gross) | \$ _____ |
| Market Value of Business (net after indebtedness) | \$ _____ |
| Cash, Bank Accounts, CD's etc. (personal) | \$ _____ |
| Motor Vehicles, Boats (gross) | \$ _____ |
| Household Goods | \$ _____ |
| Other (describe): _____ | \$ _____ |
| Total Gross Family Assets | \$ _____ |

INDEBTEDNESS

| | |
|--|-----------------|
| Total Non-business Mortgage Balance | \$ _____ |
| Total Other Non-business Debts Owed (Credit Cards, Security Instruments, Notes, etc.) | \$ _____ |
| Total Other Liabilities (describe): _____ | \$ _____ |
| Total Non-business Indebtedness | \$ _____ |
| Family Net Worth as of _____, 20____ | \$ _____ |

INCOME

| | |
|---|----------|
| Gross Annual Family Income, as reported on latest 1040 Form | \$ _____ |
| Anticipated Income by Applicant During Next 12 Months | \$ _____ |
| Total Known Other Scholarships and Grants of Applicant | \$ _____ |
| Other anticipated Income not included above (describe: _____) | \$ _____ |
| <hr/> | |
| Total Gross Income Available Next 12 Months | \$ _____ |

FIXED EXPENSES

| | |
|--|------------|
| Annual Non-business Mortgage Payments | \$ _____ |
| Other Annual Non-business Fixed Payments (Includes credit cards, car payments, college, etc.) | \$ _____ |
| Other anticipated Expenses not included above (describe: _____) | _____ |
| <hr/> | |
| |) \$ _____ |
| <hr/> | |
| Discretionary Funds Available Next 12 Months | \$ _____ |

Comments to the above financial information (optional): _____

The undersigned represents that he/she has prepared or reviewed the above information and that it fairly presents the financial situation for the Applicant or the Applicant's family with respect to its ability to pay for the higher education of the Applicant for the ensuing school year.

Dated _____ (Applicant)(Parent/Guardian)

Dated _____ (Applicant)(Parent/Guardian)

NOTE: THE MOST RECENT IRS FORM 1040 AND IDR FORM IT-40 MUST BE ATTACHED HERETO.

THIS FINANCIAL STATEMENT AND THE TAX RETURNS MUST ACCOMPANY THE APPLICATION. ALL SUCH INFORMATION WILL BE KEPT CONFIDENTIAL, WILL NOT BE COPIED AND WILL NOT BE DISCLOSED OTHER THAN FOR THE PURPOSE OF DETERMINING SCHOLARSHIP ELIGIBILITY.

Authorization to Use and Disclose Specific Protected Health Information

By signing this Authorization, I hereby direct the use or disclosure by Murat Temple, A.A.O.N.M.S., also known as Murat Shrine, Indianapolis, Indiana, and its subordinate groups, including, without limitation, the Murat Shriner Business Connection (collectively, "Murat"), of certain medical information pertaining to my being or having been a patient at a Shriners Hospital for Children ("Shriners' Hospital").

This Authorization concerns the following medical information about me: That I am or was a patient at a Shriners Hospital; That I was sponsored into the Shriners Hospital by Murat or a member thereof; and If I choose to disclose my condition or my former condition or the nature of the procedures applied to me by the Shriners Hospitals, then such information may be used and disclosed;

PROVIDED, HOWEVER, THAT I AM UNDER NO OBLIGATION TO DISCLOSE SUCH INFORMATION AND MAY WITHHOLD SUCH INFORMATION WITHOUT CAUSE.

This information may be used or disclosed by Murat in the following manner:

Written announcements regarding scholarship recipients; Awarding of scholarships in public or private meetings; Articles in the Murat Magazine or any other publication that describes the fact that I received a scholarship from the Murat Shriner Business Connection; Photographs of me, with or without other persons, accompanying any or the above announcements or publications of information concerning the scholarship; Lists of names of scholarship recipients; and any other manner that may be specifically approved by me or that is included by implication in the above list of manners of use or disclosure.

This information may be disclosed to the members of Murat and to the general public in the manners listed above.

I understand that I have the right to revoke this Authorization at any time except to the extent that Murat has already acted in reliance on this Authorization. To revoke this Authorization, I understand that I must do so **by written request** to the Recorder of Murat, 510 N. New Jersey St., Indianapolis, IN 46204, telephone (317) 635-2433.

I understand that information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and no longer subject to privacy protections provided by law.

I understand that my written authorization is not required for continued treatment at the Shriners Hospitals and that the Shriners Hospitals have no connection with the Murat scholarship program. I further understand that the scholarship program is sponsored by the Murat Shriner Business Connection and is not directly sponsored by Murat Shrine.

I understand that I have the right to inspect and copy the information that is to be used or disclosed as part of this Authorization. This Authorization is being requested by Murat for the purpose of enabling the Murat Shriner Business Connection to promote fund raising efforts to be able to grant additional scholarships in the future by indicating the names and accomplishments of the current and prior recipients of such scholarships. The use or disclosure of the requested information will not result in direct or indirect remuneration to Murat from any third party.

I acknowledge that I have read the provisions in this Authorization and that I have the right to refuse to sign this Authorization. I understand and agree to its terms. If I am under the age of 18 years, then the persons signing this Authorization on my behalf are my parents or legal guardian. I acknowledge receipt of a copy of this Authorization.

Unless earlier terminated by me, this Authorization expires five years following the date hereof; provided, however, that following such expiration my name may still be included in any lists of scholarship recipients without liability on Murat Shrine.

_____ Date signed: _____
Printed name: _____ (Student / Applicant)

The undersigned are the parents or legal guardians of the above-named student:

_____ Date signed: _____
Printed name: _____ [Parent / Guardian]

_____ Date signed: _____
Printed name: _____ [Parent / Guardian]