



2017 SCHOLARSHIP APPLICATION

The Massachusetts DeMolay Association • 364 Greenwood St. Millbury, MA 01527
The DeMolay Foundation of Massachusetts • 186 Tremont Street, Boston, MA 02111 • 617-426-6040 x4231•
www.mademolay.org

PLEASE FILL OUT THIS FORM COMPLETELY AND RETURN TO THE DEMOLAY OFFICE

[Check one or both boxes depending on which scholarship(s) you are applying for]

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ ST: _____ ZIP: _____

Cell Phone Number: _____ E-Mail Address: _____

Eligibility:

Applicants must be members of the Order of DeMolay in Massachusetts in good standing, pursuing an undergraduate education in an accredited institution of higher learning.

This scholarship is not based on financial need alone. Those demonstrating consistent scholarship and leadership either in school, DeMolay or in the community are given equal consideration regardless of need.

Checklist of Requirements:

- A Completed Application Form (signed).
- A letter of intent including statements regarding DeMolay involvement, extra-curricular activities, work and home life, and the applicant's goals and hopes for college.
- A brief summary of financial requirements should also be included. Additionally the candidate may, but is not required to, outline the available financial resources that the candidate possesses in order to meet the need.
- A current school (high school or college) transcript.
- A copy of the FAFSA Form. (*The page that reports the EFC number is all that is requested.*)
- A letter of recommendation from your Chapter Advisor.
- Any additional information you deem pertinent to your application or that might detail extraordinary needs.

Massachusetts DeMolay
Scholarship Committee
186 Tremont Street
Boston, MA 02111-1195

DUE DATE: APRIL 30, 2017

STUDENT INFORMATION

Are You a U.S. Citizen? Y / N

Are you a member of ROTC or Massachusetts Army or Air National Guard? Y / N

Name of School/College: _____ Year of Graduation: _____

Intended Field of Study: _____

What will your educational level be during the coming year:

Freshman

Sophomore

Junior

Senior

SECONDARY SCHOOLS ATTENDED:

Date	Name of School	City & State
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all School & Community Activities not included on your transcript – (A separate sheet of paper attached to this form is acceptable if more space is required.)

PERSONAL RECORD

Mother's/Guardian Name: _____ Occupation: _____

Father's/Guardian Name: _____ Occupation: _____

List total number of children dependent on parents/guardians: (Include self, brothers, and sisters starting with the oldest)

Name	Age	School Attending	Employed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

