

2016 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

lame:	(Last)	(First)	(Middle)				
ddre		(11131)	(iviluale <i>)</i>				
City: _		ST:	ZIP:				
ell Phone Number:		E-Mail Addres	E-Mail Address:				
Eliç	gibility:						
sta	plicants must be members on nding, pursuing an underg her 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.							
Ch	ecklist of Requirements:						
	A Completed Application F	orm (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 scho	ol or college) transcript.					
	A copy of the FAFSA Form. (The cover sheet which reports the EFC is all that is requested.)						
	A letter of recommendation	n from your Chapter Advi	sor.				
	Any additional information might detail extraordinary		your application or that				
	Sc	ssachusetts DeMolay nolarship Committee 186 Tremont Street oston, MA 02111-1195					

DUE DATE: APRIL 30, 2016

STUDENT INFORMATION

Are You a U.S. Citizen	? Y/N				
Are you a member of	ROTC or Massachuse	etts A	rmy or Air National (Guard? Y/N	
Name of School/Colle	ge:	Year of 0	Year of Graduation:		
Intended Field of Stud	ly:				
What will your educati	onal level be during	the c	oming year:		
☐ Freshman	Sophomore		☐ Junior	☐ Senior	
SECONDARY SCHOO	LS ATTENDED:				
Date	Name o	Name of School		City & State	
List all School & Comr		inclu		pt — (A separate sheet of pap	
PERSONAL RECORD					
Mother's/Guardian Na	ame:		Occup	oation:	
Father's/Guardian Na	me:	Occupation:			
<u>List total number of chairs</u>		n par	ents/guardians: (Inc	clude self, brothers, an	
Name	Ag	ge	School Attending	g Employed	

YOUR WOR	K EXPERIENCE – Ir	nclude part-time d	uring school year and s	seasonal/summer employment
Employmer	nt		Year	Hrs/Wks
Employmer	nt		Year	Hrs/Wks
Employmer	nt		Year	Hrs/Wks
DEMOLAY	INFORMATION			
Name of yo (It is required, t	our DeMolay Chapte to have a letter of recomm	er: nendation from your	Dad Advisor or Advisory (Council Chairman.)
Chapter and	d State Offices Held	d: 		
Honors and	l Awards:			
	ny unusual circumst wing your application			et should be considered er if needed):
pertinent in Committee additional application	nformation (includi . You may attac space to add an	ng details of yo h additional p ything relevant	our DeMolay involvages to this app to this applicati	ou may also include other vement) to the Scholarship plication should you need on. Mail the completed P, 186 TREMONT STREET,
				ees, to speak with my p and financial aid.
Student Sic	 nature		Parent Signature	

The Massachusetts DeMolay Association and The DeMolay Foundation of Massachusetts adheres to Chapter 622, MGL, CMR 8.11 and Title IX, § 86.37 on its selection of scholarship recipients, in that it does not award scholarships on the basis of race, color, religion or national origin. It does award scholarships equally on the basis of financial need and academic ability. It does require that the candidate be an Active Member of the Order of DeMolay in Massachusetts in good standing.