



## 2020 SCHOLARSHIP APPLICATION

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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](http://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, 2020**

**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

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**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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**YOUR WORK EXPERIENCE** – Include part-time during school year and seasonal/summer employment

Employment _____	Year _____	Hrs/Wks _____
Employment _____	Year _____	Hrs/Wks _____
Employment _____	Year _____	Hrs/Wks _____

**DEMOLAY INFORMATION**

Name of your DeMolay Chapter: \_\_\_\_\_  
*(It is required, to have a letter of recommendation from your Dad Advisor or Advisory Council Chairman.)*

Chapter and State Offices Held:  
\_\_\_\_\_  
\_\_\_\_\_

Honors and Awards:  
\_\_\_\_\_  
\_\_\_\_\_

Describe any unusual circumstances, financial and otherwise, that should be considered when reviewing your application (*attach a separate sheet of paper if needed*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Be sure that you have completed the checklist on page one. You may also include other pertinent information (including details of your DeMolay involvement) to the Scholarship Committee. You may attach additional pages to this application should you need additional space to add anything relevant to this application. Mail the completed application to: MASSACHUSETTS DEMOLAY SCHOLARSHIP, 186 TREMONT STREET, BOSTON, MA 02111-1095

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
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.