

2023 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

Name				
Addre	(Last)	(First)		(Middle)
City:		ST:	ZIP:	
Cell P	hone Number:		E-Mail Address	:
Eligib	ility:			
	cants must be members of t ing an undergraduate educa		•	•
schol	scholarship is not based on arship and leadership eithe deration regardless of need	r in school, DeMola		
Check	dist of Requirements:			
	A Completed Application Fo	orm (signed).		
	A letter of intent includir curricular activities, work a college.	•	_	•
	A brief summary of financial candidate may, but is not recandidate possesses in order	quired to, outline t	he available fina	•
	A current school (high scho	ol or college) trans	cript.	
	A copy of the FAFSA Form requested.)	n. (The page that	reports the EF	C number is all that is
	A letter of recommendation	from your Chapte	r Advisor.	
	Any additional information extraordinary needs.	you deem pertinen	: to your applica	tion or that might detail

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

DUE DATE: APRIL 30, 2023

STUDENT INFORMATION

Are You a U.S. Citizen?	Y / N					
Are you a member of ROTO	C or Massachusetts	Army or Air National	Guard? Y/N			
Name of School/College: _	ne of School/College: Year of Graduation:					
Intended Field of Study: _						
What will your educational	level be during the	e coming year:				
Freshman	Sophomore	Junior	Senior			
SECONDARY SCHOOLS	ATTENDED:					
Date	Name of S	School	City & State			
List all School & Communit attached to this form is acceptable if			pt – (A separate sheet of paper			
PERSONAL RECORD						
Mother's/Guardian Name	: :	Occup	ation:			
Father's/Guardian Name:		Occup	ation:			
<u>List total number of childre</u> sisters starting with the old	•	arents/guardians: (Ind	clude self, brothers, and			
Name	Age	School Attending	Employed			
-		-				

YOUR WORK EXPERIENCE - Inc	clude part-time during school year and se	asonal/summer employment				
Employment	Year	Hrs/Wks				
Employment	Year	Hrs/Wks				
Face leaves and	Year	Hrs/Wks				
DEMOLAY INFORMATION						
Name of your DeMolay Chapter: (It is required, to have a letter of recommendation)	ntion from your Dad Advisor or Advisory Council					
Chapter and State Offices Held:						
Honors and Awards:						
•	ces, financial and otherwise, that shat shat shat shat shat sheet of paper if h					
pertinent information (including Committee. You may attach addi space to add anything relevant	d the checklist on page one. You details of your DeMolay involvem itional pages to this application sho to this application. Mail the cornOLARSHIP, 186 TREMONT STREET,	nent) to the Scholarship ould you need additional mpleted application to:				
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.