

2018 SCHOLARSHIP APPLICATION



DEMOLAY FOUNDATION

The DeMolay Foundation annually awards scholarships to Members who excel in academics and leadership in their community, school and DeMolay. It is through these young men's accomplishments that examples are set for others to follow.

I would like consideration for the following scholarship. (PLEASE CHECK ONE)

- Frank S. Land Scholarship**
 Applicant must be an active member of DeMolay with a high school diploma to be eligible for the Frank S. Land scholarship awarded for one year. The definition of "active member" is: Any member of DeMolay who has not yet reached his majority by June 1 of the year of the award. **Deadline date for submission is April 1.**
- DeMolay Foundation Graduate Studies Scholarship**
 Applicant may be an Active or Senior DeMolay to be eligible for the DeMolay Foundation Graduate Studies scholarship awarded for post graduate studies awarded for one year. **Deadline date for submission is April 1.**

| PERSONAL INFORMATION (PLEASE PRINT OR TYPE) | | | MEMBER ID | DATE |
|---|------|---------------------------------------|---------------|------|
| NAME | LAST | FIRST | MIDDLE | |
| | | | | |
| ADDRESS | | | | |
| CITY, ST, ZIP | | | | |
| E-MAIL | | | DATE OF BIRTH | / / |
| PHONE 000-000-0000 | | 2 nd PHONE 000-000-0000 | AGE | |

| SCHOOL INFORMATION (USE AN ADDITIONAL SHEET IF NECESSARY) | | | | |
|--|----------|----------------|-----------------|-------|
| High School | Location | Field of Study | Graduation Date | GPA |
| | | | | |
| College(s) either attending or plan to attend | Location | Field of Study | FROM/TO DATE | GPA |
| | | | - | |
| | | | - | |
| | | | - | |
| Graduate School (for DeMolay Foundation Graduate Studies Scholarship only) | Location | Field of Study | FROM/TO DATE | GPA |
| | | | - | |
| Cost for full year attendance | Tuition | Room & Board | Books | Total |
| \$ | \$ | \$ | \$ | \$ |

| FAMILY INFORMATION | | |
|--------------------------|------------------------|------------------------|
| | Father (First MI Last) | Mother (First MI Last) |
| Parent / Guardian Names: | | |

| Financial Aid (Indicate "yes" if you have applied or plan to apply for any of the following types of assistance) | | | | | |
|--|--------------------------|--------------------------|----------------------------------|---------------------------------|--|
| Source | Yes | No | Amount (received or anticipated) | Do your parents own their home? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| State Grant | <input type="checkbox"/> | <input type="checkbox"/> | \$ | Approximate home value? | \$ |
| Student Loan | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| Scholarships | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| Work Study Program | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |

| PERSONAL INFORMATION (USE AN ADDITIONAL SHEET IF NECESSARY) | | | |
|--|--|-------------|-----|
| DeMolay Chapter | | DATE JOINED | / / |
| Location | | | |
| List chapter positions you have held Including current position. | | | |
| List all DeMolay awards / honors | | | |
| School organizations / activities | | | |
| List any service groups, clubs, organization, or volunteer groups that you have been involved. | | | |

APPLICATION SUBMISSION INSTRUCTIONS AND CHECK OFF

Please mail or email the completed application and documentation to the following:
 DeMolay Foundation, 10200 NW Ambassador Drive, Kansas City, MO 64153 - Email: scholarships@demolay.org

THIS INFORMATION MUST BE POSTMARKED BY APRIL 1

- Two letters of reference, **signed and dated after April 1 of previous year** from current or former teachers or instructors **not** related to you.
- Two letters of reference, **signed and dated after April 1 of previous year** from friends or other acquaintances **not** related to you.
- Include a current copy high school or college transcript. **This document must be your most recent transcript.**
- Include documentation of your SAR score obtained from your most recent FAFSA application. **(For information on FAFSA, visit www.FAFSA.gov or contact your school counselor.)**
- A signed and dated copy of this scholarship application.

| DECLARATION AND ACKNOWLEDGEMENT | |
|---|------------|
| <i>FAILURE TO SIGN THIS APPLICATION WILL DISQUALIFY THE MEMBER FOR CONSIDERATION FOR A SCHOLARSHIP</i> | |
| <p>I, the undersigned, declare that I am applying for a scholarship from the DeMolay Foundation to further my education at an institute of higher learning; that all the proceeds from any scholarship that may be awarded will be used exclusively to subsidize the costs of tuition, books and other expenses directly related to my education; and that I will proceed with all intention to graduate.</p> <p>Further, I understand that this scholarship is awarded for the current college year for which that I am applying, the award is for one year only, must be claimed by December 31 of the year awarded, and that I must remain a student in good standing and provide evidence of continued good standing in order to receive the scholarship.</p> <p>I acknowledge that I have read this application, have provided all the requested information; that all information contained herein is accurate to the best of my knowledge; and that in making application I incur no liability to re-pay any portion of a scholarship should one be granted.</p> | |
| Signature _____ | Date _____ |