



# Scholarship Application

The DeMolay Foundation of Massachusetts • 186 Tremont Street, Boston, MA 02111 • 617-423-7040 • www.massdemolay.org

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

Application for The DeMolay Foundation of Massachusetts Scholarship

Name: \_\_\_\_\_

(Last)

(First)

(Middle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Intended Field of Study: \_\_\_\_\_

## Eligibility:

Applicants must be active members of the Order of DeMolay in Massachusetts in good standing, pursuing a post secondary 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 the school, DeMolay or in the community are given equal consideration regardless of need.**

## Checklist of Requirements:

- A Completed Application Form.
- A letter of intent which includes statements regarding DeMolay involvement, extra-curricular activities, work and home life, along with goals and hopes for college.
- A high school transcript.
- A copy of the FAFSA Form. (The cover sheet which reports the EFC is all that is requested.)
- A letter of recommendation from your Chapter Advisor.
- Submit all of the above documentation by **April 15<sup>th</sup>** to:

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

**DUE DATE: APRIL 15, 2009**

**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 |
|-------|-------|------------------|----------|
| _____ | _____ | _____            | _____    |
| _____ | _____ | _____            | _____    |
| _____ | _____ | _____            | _____    |
| _____ | _____ | _____            | _____    |

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

|            |       |      |       |         |       |
|------------|-------|------|-------|---------|-------|
| Employment | _____ | Year | _____ | Hrs/Wks | _____ |
| Employment | _____ | Year | _____ | Hrs/Wks | _____ |
| Employment | _____ | Year | _____ | Hrs/Wks | _____ |

Describe any unusual circumstances, financial and otherwise, that should be considered when reviewing your application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please include a copy of your school transcript and 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.

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

\_\_\_\_\_  
Parent Signature

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.