

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.