



Scholarship Application

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

Application for The DeMolay Foundation of Massachusetts Scholarship

Name: _____

(Last)

(First)

(Middle)

Address: _____

City: _____ ST: _____ ZIP: _____

Intended Field of Study: _____

Eligibility:

Applicants must be 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 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 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 15th** to:

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

DUE DATE: APRIL 15, 2010

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:

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.

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.