



## The Massachusetts DeMolay Association, Inc.

### SCHOLARSHIP APPLICATION 2011

PLEASE FILL OUT THIS FORM COMPLETELY AND RETURN TO  
THE MASSACHUSETTS DEMOLAY ASSOCIATION, INC., 22 SUMMERHILL AVENUE,  
WORCESTER, MA 01606

First Time Applicant –  
Entering Freshman or Upper Classman  
(Never completed an application in the past.)

Returning Applicant –  
Applicants who have received  
awards previously and a detailed  
application is previously on file.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

Home Address: \_\_\_\_\_  
Number Street City Zip

School Address: \_\_\_\_\_  
(Returning Students) School Box Number City Zip

Cell Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

#### **About this scholarship:**

- ☞ You MUST sign the application on the last page.
- ☞ Be sure to include your latest scholastic report of grades available. The application will be deemed incomplete if this is not included.
- ☞ You may include any information you deem pertinent to your application or that might detail your extraordinary needs.
- ☞ All items must be either typed or printed in ink – clearly, except for the signature. Handwritten answers must be legible.
- ☞ Scholarships may be awarded equally on the basis of scholastic ability and financial requirements. School grades and standardized tests represent the scholastic ability or achievement.
- ☞ **This scholarship is not solely or only based on financial need. Those demonstrating consistent scholarship and leadership either in school, DeMolay or in the community or all venues are given equal consideration regardless of need.**
- ☞ Include a copy of the Student Aid Report (SAR) Part I from the College Scholarship Service will represent evidence of financial need. *(The only page we are interested in is the page that lists the EFC.)* The applicant's record of leadership, background of good citizenship, sportsmanship, employment history and initiative are among other pre-requisites.
- ☞ Graduate Students are not eligible for this scholarship.

**APPLICATION DEADLINE: APRIL 30<sup>TH</sup>**

**STUDENT INFORMATION**

Date of Birth: \_\_\_\_\_ (MM/DD/YYYY) Are You a U.S. Citizen? Y / N

Are you a member of ROTC or Massachusetts Army or Air National Guard? Y / N

Name of School/College: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

What will your educational level be during the coming year:

Freshman  Sophomore  Junior  Senior

Will you be receiving any other scholarship aid including Stafford Loans or Pell Grants, if so in what amount(s)?

What other scholarships have you applied for?

\_\_\_\_\_ Amount \_\_\_\_\_  
\_\_\_\_\_ Amount \_\_\_\_\_  
\_\_\_\_\_ Amount \_\_\_\_\_

**SECONDARY SCHOOLS ATTENDED**

Date(s)	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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Employment _____	Year _____	Hrs/Wks _____
Employment _____	Year _____	Hrs/Wks _____
Employment _____	Year _____	Hrs/Wks _____

**DEMOLAY INFORMATION**

Name of your DeMolay Chapter: \_\_\_\_\_  
*(It is recommended, but not required, to have a letter of recommendation from your Dad Advisor or Advisory Council Chairman.)*

Chapter and State Offices Held:

Honors and Awards:

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

Please be sure to include a copy of your school transcript and your Student Aid Report (SAR) Part 1 Form which includes the EFC number, and other pertinent information to the Scholarship Committee. You may attach additional pages to this application should you need additional space to add anything relevant. Mail the completed application to: THE MASSACHUSETTS DEMOLAY ASSOCIATION, INC., 22 SUMMERHILL AVENUE, WORCESTER, MA 01606

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

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

Date: \_\_\_\_\_

The Massachusetts DeMolay Association, Inc. 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.