



HUMANITARIAN FOUNDATION OF THE GROTTOES OF NORTH AMERICA

Applicant must be an "active" or Senior DeMolay member to be eligible for one of two \$1,000 Scholarships awarded in the field of Dentistry or Social Service.

This application must be received no later than April 1 to be eligible for committee consideration.

Personal Information <i>(please print or type)</i>			Date:	
Name:				
Last		First		Middle
Address:				
City		State	Zip Code	
E-mail:			Telephone:	
Social Security #:			Birth Date:	

School Information (use an additional sheet if necessary)				
High School	Location	Field of Study	Graduation Date	GPA
College	Location	Field of Study	Dates Attended	GPA
College you plan to attend	Location	Field of Study	Dates Attended	GPA
	Tuition	Room & Board	Books	Total
Cost for full year attendance				

Financial Aid (Indicate "yes" if you have applied or you plan to apply for any of the following types of assistance)				Employment	
Source	Yes	No	Amount (received or anticipated)	Have you been employed within the last 12 months?	
Pell Grant	<input type="checkbox"/>	<input type="checkbox"/>	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
State Grant	<input type="checkbox"/>	<input type="checkbox"/>	\$	How much did you earn?	
Student Loan	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
Veteran's Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$	How much did you save?	
Social Security Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Work Study Program	<input type="checkbox"/>	<input type="checkbox"/>	\$		

Family Information	Father (First Middle Last)		Mother (First Middle Last)	
Names:				
Approximate Annual Earnings	\$		\$	
Do your parents own their home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Approximate home value?	\$			

Personal Information (use an additional sheet if necessary)			
DeMolay Chapter Name & Location			Join Date
Check all that apply:	<input type="checkbox"/> Blue Honor Key	<input type="checkbox"/> Chevalier	
	<input type="checkbox"/> PMC/MSA	<input type="checkbox"/> State Officer (<i>current or past</i>)	
List chapter positions you've held			
List all DeMolay awards & honors			
School organizations / activities			
List any service groups, clubs, organization, or volunteer groups in which you have participated:			

Submission Instructions:

*****Deadline Date: April 1*****

Include 2 letters of reference from current or former teachers or instructors

Include 2 letters of reference from friends or other acquaintances **not** related to you

Mail to: DeMolay Foundation • 10200 NW Ambassador Drive • Kansas City, MO 64153

Declaration and Acknowledgement

I, the undersigned, declare that I am applying for a scholarship from the DeMolay Foundation to further my education at an institution of higher learning; that all the proceeds from any scholarship which 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 deliberate care to graduate.

Further, I understand that this scholarship is for one year only and if I desire additional support I am required to apply again next year; and that I must remain a student in good standing and provide evidence of continued good standing in order to receive the scholarship.

And I acknowledge that I have read this application, have completed and provided all the appropriate information; that all information contained herein is accurate to the best of my knowledge; and that in making application I incur no liability to repay any portion of a scholarship award should one be granted.

Signature

Date