



DeMolay Scholarship Foundation of Ohio, Inc.



APPLICATION FORM

Date _____

To be mailed to:

Mr. Chester G. Burton
Scholarship Coordinator
8380 Ridgevalley Drive
Cincinnati, Ohio 45247-3596

INSTRUCTIONS TO ALL APPLICANTS

All applicants must complete the following steps before they can be considered for scholarship aid. All items should be checked as completed prior to submitting this application.

1. I have requested the following persons to submit endorsements in my behalf.
 - a. High School Principal, three (3) faculty members, guidance counselor, or college faculty members.

- b. Employer or community acquaintance.

- c. Business references.

- d. DeMolay Advisor or Advisors

- e. Transcript of grades must be turned in each year you request a scholarship, 3.0 **MUST** be maintained.

SCHOLARSHIP APPLICATION

1. Please type or print the answers to all questions, legibility and completeness are absolutely essential to insure full consideration. Please attach extra sheets when the space provided for your answer is insufficient.
2. Name _____
Last First Middle
3. Home Address _____
Number & Street City Zip
4. Parents or Guardian _____
Address _____
Place of Employment _____

5. Date of Birth _____/_____/_____ ___Single ___Married
6. What is the name of the secondary school from which you will be, or have been graduated?

7. What are your eventual academic goals? _____

8. Upon completing the course of study for which this aid is being requested, what are your plans?

9. If you hope to continue with your studies, how are you planning to meet the financial expenses above the amount of the scholarship?

10. What would you consider your two most significant contributions in time and energy to your school, home, or community in the past three (3) years?

11. What awards have you won for proficiency in the academic arenas, such as music, art, athletics, etc.?

AWARD

AREA

YEAR

12. Write a paragraph on your DeMolay history, showing work done for the Chapter, District, and State. Offices held, honors and awards earned and received.

13. What effect has DeMolay had on your life? Your ideals? Your conduct as an American Citizen? Your faith in God?

14. Please show below any jobs you have had during the past three (3) years. Please list in order, with present employer first.

Name of firm

Nature of job

Date of Employment

From

To

Hours per week

Rate of pay

15. What is your anticipated budget for the semester or year for which you are requesting the scholarship?

Anticipated expenses:

Fees _____

Books _____

Transportation _____

Other _____

Total Expenses _____

Anticipated income:

From your parents _____

From your own savings _____

From summer savings _____

From school year employment _____

Total income _____

Please note – this form is to be used ONLY for the initial scholarship application – applications for subsequent scholarships require only a transcript of grades showing a 3.0 average and a letter requesting consideration for the scholarship.

District No. _____ Chapter Name _____

Date _____

Applicant's Signature _____

Approved by: _____
Governor's signature