

Driving forward with DeMolay Activity Tracker

Starting Date: _____

Completion Date: _____ (must be within 12 months of starting)

Must attend one of the following (enter date of attendance)

NH Conclave: _____

The Region One Leadership Training Conference: _____

I hereby affirm that the information provided in this form is accurate to the best of my knowledge and belief. I understand that any false or misleading information may result in disqualification and the loss of the Driving forward with DeMolay scholarship. By signing this form, I acknowledge my responsibility to ensure the accuracy of the information contained herein.

Scholarship Recipient:

Signature: _____

Printed Name: _____

Date: _____

I, as the Chapter Dad/Chairman of the Advisory Council for the youth named in this form, confirm that to the best of my knowledge, the information provided herein by the applicant is accurate and complete. I understand the importance of accuracy in this process and have made reasonable efforts to verify the details presented. If any discrepancies or inaccuracies come to my attention, I will promptly report them to the Executive Officer or his designee.

Chapter Dad/Chairman of the Advisory Council:

By: _____

Printed Name: _____

Title: _____

Date: _____

