

SCHOLARSHIP APPLICATION

New Hampshire DeMolay • 117 Donald Drive • Goffstown NH 03045 • www.nhdemolay.org

RETURN THIS FORM TO THE EXECUTIVE OFFICER THROUGH YOUR ADVISOR

Name:					
	(Last)	(First)	(Middle)		
Addres	s:		_		
City: _		State:	ZIP:		
Cell Phone Number:		E-Mail Add	_E-Mail Address:		
Eligibil	ity:				
	ants must at the time of applying be m tanding, pursuing a degree or certifica		•	•	
	holarship is not based on financial ne ship in school, DeMolay, or in the cor		_	•	
Checkl	ist of Requirements:				
	A Completed Application Form (signe	ed).			
	A letter including statements regarding DeMolay involvement, extra-curricular activities, work and home life, and the applicant's goals and hopes for school or college and beyond.				
		-			
	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				
		ne avaliable financi	ai resources that the candi	date possesses	
	in order to meet the need.				
	A current school (high school, trade s	school or college) t	ranscript.		
	A signature of endorsement from an	Advisor.			
	Any additional information you de extraordinary needs.	eem pertinent to	your application or that	t might detail	

New Hampshire DeMolay Scholarship Committee 117 Donald Drive Goffstown NH 03045 or Scan and email to eo@nhdemolay.org

DUE DATE: APRIL 30 ANNUALLY

STUDENT INFORMATION

Name of School/College:	Year of Gradua	Year of Graduation:		
Field of Study (Include Degree or C	ertificate to be ear	ned):		
What will your educational level be	e during the comin	g year:		
Freshman Other] Sophomore	☐ Junior	Senior	
SECONDARY (High School) AND A	NY POST-SECONDA	ARY SCHOOLS ATTEN	DED –	
(A separate sheet of paper attached to this for Date	rm is acceptable if more s Name of Sch	_	City & State	
List all School & Community Activity this form is acceptable if more space is require		n your transcript – (A	separate sheet of paper attached to	
PERSONAL RECORD				
Mother's/Guardian's Name:		Occu	pation:	
Father's/Guardian's Name:		Occu	pation:	
List total number of children depe (Include self, brothers, and sisters				
Name	Age	School Attendin	g Employed	

YOUR WORK EXPERIENCE — Include part-time during school year and seasonal/summer employment— (A separate sheet of paper attached to this form is acceptable if more space is required.)

Employment	Year	Hrs/Wks
Employment	Year	Hrs/Wks
Employment	Year	Hrs/Wks
DEMOLAY INFORMATION		
Name of your DeMolay Chapter:		
Chapter and State Offices Held:		
Honors and Awards:		
Tionors and Awards.		
Describe any unusual circumstances reviewing your application (attach of	s, financial and otherwise, that should be a separate sheet of paper if needed):	considered when
information (including details of yo attach additional pages to this applithis application. Scan and email to e	the checklist on page one. You may alsur DeMolay involvement) to the Scholar cation should you need additional space to @nhdemolay.net or mail the completed MOLAY, 30 KAUNAS CIRCLE, MANCHESTE	ship Committee. You may to add anything relevant to d application to:
Student Signature	Parent Signature	
Advisors Signature		
Any advisor Comments:		

The New Hampshire DeMolay Scholarship Program adheres to Title IX, § 86.37, in 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 New Hampshire in good standing.