



DeMolay Foundation

The Tax Deductible Public Foundation of the Order of DeMolay

APPLICATION FOR FRANK S. LAND SCHOLARSHIP

Personal Information (Print or Type)

Name: _____ Date: _____
First Middle Last

Home Address: _____ Phone: (____) _____
Street

City: _____ State: _____ Zip: _____

Social Security No.: _____ Birth Date: _____

School Information

Name of High School _____ Graduation Date _____

What College, University or Vocational School do you now attend, or do you plan to attend? _____

When did you, or when do you, plan to start college? _____

If presently enrolled in college, what is your year? Freshman Sophomore Junior Senior

What is your major field of study? _____

What is your most recent Grade Point Average? _____

Financial Information

Please answer the following questions. Base your answers on a full year of attendance at your college or university:

Tuition \$ _____

Room and Board \$ _____

Books \$ _____

TOTAL \$ _____

For each source listed below, indicate if you have applied, or if you plan to apply for assistance. Also, indicate how much you have received or plan to receive from each source:

Source	Applied? (Y or N)	Amount (received, anticipated or requested)
Pell Grant		
State Grant		
Student Loan		
Veteran's Benefits		
Social Security Benefits		
Scholarships		
Work Study Program		

Have you been employed within the last 12 months? _____

If so, how much did you earn? \$_____. How much did you save? \$_____.

Family Information

Do you anticipate receiving any financial assistance from one or both of your parents, or from other relatives or friends, toward your college education? If so, state total amount to be received by you in the next 12 months. \$ _____

FATHER (or Guardian)

MOTHER (or Guardian)

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Name of Employer _____

Name of Employer _____

Title/Position _____

Title/Position _____

Approximate Annual Earnings \$ _____

Approximate Annual Earnings \$ _____

Are your parents: (Circle one please) Married Divorced Separated ?

List here all the children in the family and indicate the percent of parental financial support they receive during the year, listing yourself first.

Name	Estimated Percent	Age	Income Tax Dependent?	Public or Private School?
Applicant _____	_____	_____	_____	_____
Brothers: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Sisters: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please give the make and year of any family automobiles. If one is owned or operated by you, please indicate which one.

Do your parents own their home? _____ Value \$ _____

Personal Activities

Are you a member of the Order of DeMolay? _____ Chapter: _____

Check all that apply: Blue Honor Key Chevalier PMC/MSA RD Current or Past State Officer

Other DeMolay Awards and Honors: _____

Are you active in your church or synagogue? _____ If so please describe your involvement: _____

Are you active in school organizations or activities? _____ If so, please describe your involvement: _____

Describe other activities, clubs, organizations or groups in which you are involved:

References

VERY IMPORTANT

PLEASE FOLLOW INSTRUCTIONS

REQUIRED ACTION ON YOUR PART

In order to consider your application, you need to include four (4) letters of recommendation *with this application*. Please include your letters with your application when you file it.

(2) letters of recommendation must be from current or former teachers or instructors.

(2) letters of recommendation must be from friends or other acquaintances **NOT** related to you.

Check this box if you have read and understand the reference requirements.

Notice

The deadline for filing your application is APRIL 1.

Mail your completed application, *with 4 reference letters included*, by the deadlines above to the following address:

DeMolay Foundation
10200 N. Executive Hills Blvd
Kansas City, MO 64153

Declaration and Acknowledgement

Please read, sign and date:

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, if awarded, will be paid to my school in two equal installments, one half the first semester, and the remaining half the second semester; that the award 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 or any part thereof.

And I acknowledge that I have read this entire 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 re-pay any portion of a scholarship award, should one be granted.

DATE: _____ SIGNATURE: _____

For Office Use Only

Date received in office _____

Committee Review on _____:

_____	_____
_____	_____
_____	_____
_____	_____

Action: Approved for \$ _____
 Not Approved

Check Date	Check Amt.	Check #
_____	_____	_____

COMMENTS: _____

