VIRGINIA STATE ASSOCIATION

DEMOLAY SCHOLARSHIP AWARD

A. GENERAL PROVISIONS

1. Funds for an annual college scholarship award have been provided for presentation to an Active DeMolay in good standing (age 12-20), who has been accepted for college admission and who completes and submits the attached application form. He must not have attainted his 20th birthday by the deadline for filing his application, which is June 1. The amount of the award may vary, but is normally $1000.00 per year. The award is normally presented to one applicant but may be split at the discretion of the Scholarship Committee.

2. The scholarship award shall be a gift to the DeMolay recipient provided he completes the year of study. If he withdraws form college during they year, for any reason other than continued illness resulting in his inability to attend, the scholarship award will be considered a loan and must be repaid to the Virginia State Association within two years from the date his study terminates.

3. High School Seniors and High School, Junior College, or College Graduates, who are Active DeMolays in good standing are eligible to apply.

4. Awarding of the Scholarship shall be judged on the basis of:

 a. Scholastic Achievement

 b. Involvement in DeMolay

 c. Personality and Citizenship

5. The Scholarship Committee, appointed by the Executive Officer in Virginia, shall be entrusted with the responsibility for reviewing and judging all applications, selecting the recipient(s), and arranging for the presentation of the award at the annual Conclave of the Virginia State Association.

6. All applications and supporting documents received for the award in a given year will be retained for one year by the Chairman of the Scholarship Committee after which they may be destroyed or discarded. Late application may not be considered.

B. GENERAL INSTRUCTIONS

1. You must be a student in good standing, in or have been accepted by an accredited educational institution of higher learning.

2. You must be found to be personally worthy after investigation of the Scholarship Committee.

3. Grade Averages listed in the application are to be supported by copies of a school transcript.

4. Complete the application IN FULL. Recommendations from your references and instructors may be included with the application, if desired, and will be considered by the Scholarship Committee.

5. Forward the completed and signed application to the Executive Officer of Virginia’s Scholarship Committee no later than June 1.

Dad Justin Gray

 3821 Cumberland Parkway.

 Virginia Beach, VA 23452

APPLICATION FOR THE DEMOLAY SCHOLARSHIP AWARD

 Date:

1. Applicants Full Name:

2. Home Address:

3. Date of Birth:

4. Name of Parents or Legal Guardian:

5. Father Mother Living Together

 Living Living Separated

 Deceased Deceased Divorced

6. Parents Occupation:

 Father Mother

 Family Income: <20,000/yr <50,000/yr <100,000/yr >100,000/yr

7. List school attended, length of attendance, and grade averages:

 From To Grade Average

High School

Junior College

College/University

Other

8. To what accredited schools or colleges have you applied for admission?

School When applied Accepted

School When applied Accepted

School When applied Accepted

9. What class in a school of higher education do you expect to enter this Fall? 1st yr \_\_\_\_ 2nd yr \_\_\_\_

3rd yr \_\_\_\_ 4th yr \_\_\_\_ What mo. and yr. do you expect to graduate? H.S.

College

10. Are you in good health? Is anyone dependent upon you for support?

11. Have you any physical defects which would handicap you in your college work, vocational training, or

in you ability to continue in your chosen field? If yes, state particulars

12. How do you plan to pay school expenses not covered by this scholarship?

Family support (%) \_\_\_\_\_ Personal earnings (%)\_\_\_\_\_ Other Scholarships (%)\_\_\_\_\_ Other (%)\_\_\_\_\_

13. What other scholarships and their amounts are you currently receiving?

14. What other scholarships and their amounts have you applied for?

15. Names, ages, school or work status of brothers and sisters:

 Name Age Status

16. List extra-curricular activities, offices held and honor awarded in High School or College:

17. List extra-curricular activities, offices held, and honors awarded outside of High School or College:

18. How is your time generally spent outside of regular school hours?

19. If more than three months have elapsed since you were in school, how has your time been occupied?

20. Name of your DeMolay Chapter:

21. Give the names and addresses of two personal references (not related to you):

Name Address

Name Address

22. Give the names and addresses of two Instructors as references:

Name Address

Name Address

23. What is your religious preference? Church Affiliation?

24. Name of your minister Address:

BIOGRAPHY OF MY DEMOLAY AND CIVIC ACTIVITIES

(Include any information which you feel would be helpful to the Scholarship Committee in making their decision)

(Please attach a small photograph of yourself to the application if possible)

Should this application be approved, I pledge my unreserved compliance with all regulations of the Virginia DeMolay Scholarship Committee.

Signed Date

 (Applicant)

I/We have reviewed this application and hereby approve its submission to the Committee.

Signed Date

 (Parent or Guardian)

I have reviewed the completed application and believe it to be accurate.

Signed Date

 (Applicant)