

# IOWA DEMOLAY FOUNDATION



## 2024 SCHOLARSHIP APPLICATION

**Iowa DeMolay Scholarship**

*Applicant must be an Active or Senior DeMolay of an Iowa DeMolay Chapter to be eligible for one of the Iowa DeMolay Foundation Scholarships. The Iowa DeMolay Foundation traditionally gives two scholarships. The amounts will vary depending on applicant pool. **Deadline** date for submission is **06 April 2024**.*

<b>Personal Information</b> (please print or type)				<b>Date:</b>	
<b>Name:</b>					
Last		First		Middle	
<b>Address:</b>					
City		State		Zip Code	
<b>E-mail:</b>			<b>Telephone:</b>		
<b>Social Security #:</b>			<b>Birth Date:</b>		

<b>School Information</b> (use an additional sheet if necessary)				
<b>High School</b>	<b>Location</b>	<b>Field of Study</b>	<b>Graduation Date</b>	<b>GPA</b>
<b>College</b>	<b>Location</b>	<b>Field of Study</b>	<b>Dates Attended</b>	<b>GPA</b>
<b>College you plan to attend</b>	<b>Location</b>	<b>Field of Study</b>	<b>Dates Attended</b>	<b>GPA</b>
	<b>Tuition</b>	<b>Room &amp; Board</b>	<b>Books</b>	<b>Total</b>
<b>Cost for full year attendance</b>				

<b>Financial Aid</b> (Indicate "yes" if you have applied or you plan to apply for any of the following types of assistance)				<b>Employment</b>	
<b>Source</b>	<b>Yes</b>	<b>No</b>	<b>Amount (received or anticipated)</b>	Have you been employed within the last 12 months?	
Pell Grant	<input type="checkbox"/>	<input type="checkbox"/>	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
State Grant	<input type="checkbox"/>	<input type="checkbox"/>	\$	<b>How much did you earn?</b>	
Student Loan	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
Veteran's Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$	<b>How much did you save?</b>	
Social Security Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Work Study Program	<input type="checkbox"/>	<input type="checkbox"/>	\$		

<b>Personal Information</b> (use an additional sheet if necessary)			
<b>DeMolay Chapter Name &amp; Location</b>		<b>Join Date</b>	
Check all that apply:	<input type="checkbox"/> Blue Honor Key	<input type="checkbox"/> Chevalier	<input type="checkbox"/> Representative DeMolay
	<input type="checkbox"/> PMC/MSA	<input type="checkbox"/> State Officer ( <i>current or past</i> )	
List chapter positions you've held			
Briefly outline your participation in DeMolay.			
<b>School organizations / activities</b>			
List any service groups, clubs, organization, or volunteer groups, briefly outline your participation and include any honors, awards or recognition you received			

**Submission Instructions:**

**\*\*\*Deadline Date: 06 April 2024\*\*\***

**Include a copy of your most recent high school or college transcript**

*Mail to: Iowa DeMolay Scholarship Selection Committee • 519 Park Street • Des Moines, Iowa 50309*

<b>Declaration and Acknowledgement</b>	
<p>I, the undersigned, declare that I am applying for a scholarship from the Iowa 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.</p> <p>Further, I understand that this scholarship 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.</p> <p>And I acknowledge that I have read this 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 repay any portion of a scholarship award should one be granted.</p>	
<p>_____</p> <p>Signature</p>	<p>_____</p> <p>Date</p>