

This application must be post-marked or delivered by

April 11, 2008

Mail, deliver or fax applications to:
Oregon DeMolay, 709 SW 15th, Suite 301, Portland, OR 97205 Fax: 570-227-6038



709 SW 15th, Suite 301 • Portland, OR 97205 • (503) 248-2846

To The Scholarship Committee of the DeMolay Endowment Foundation of Oregon, Inc.

Gentlemen:

I am a member in good standing of _____ Chapter, of the Order of DeMolay, and am now attending, or have been accepted at the College or University shown below for the school year as indicated. I am applying for a scholarship from the DeMolay Endowment Foundation of Oregon, Inc., and understand that the scholarship will be for one (1) year. At the present time, the scholarships range from \$500 to \$2,000 for full-time study at an accredited two or four year institution. General, individually sponsored, and separately endowed scholarships are available under this program.

PERSONAL INFORMATION

Name: _____ Date: _____

Permanent Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Birthplace: _____ Date of Birth: _____

Social Security Number: _____

Activities in DeMolay – Include offices held in your Chapter, District and State; committees, projects, etc.)

DeMolay Honors And Awards: _____

School Activities and Offices: _____

Church, Civic, Social
Organizational Activities: _____

Parent's Employment/Income – List specific title, employment type, position and name of employer.

	Mother	Father
Occupation		
Employer		
Approximate Annual Employment Income		
Other Annual Income		

List the following information about your siblings

Name	Age	School attending, if any	Annual college expenses, if any	Annual grants, scholarships, etc., if any

APPLICANT SCHOOL INFORMATION

High School graduation date: _____ School: _____

What college or university do you now attend or plan to attend and what is your prospective major?

When did you or will you start college? _____ What is your planned graduation date? _____

What are your housing plans (at home, dorm, apartment, etc.) _____

What are your plans following graduation? _____

PERSONAL FINANCIAL STATUS

List your savings and other assets

Type of asset (Savings, auto, investments, etc.)	Amount

List any indebtedness

To Whom	Amount	Terms	Purpose

List your planned income while in school

Source – Such as "interest" or type of job and employer name	Part time/Full time	Monthly amount
Family support in excess of room and board		

List other financial aid

Name of scholarship or loan	Type (scholarship, grant, loan, etc.)	Amount	How often paid

APPLICATION PROCEDURES

1. Any additional comments that you would care to make relative to this application can be included on an attached sheet.
2. It is understood that awards are made only for study at an accredited College or University, and in the amount of money to be determined by the Trustees. **Only full-time students will be considered.**
3. The application must show evidence of financial need, and will be considered only when complete with the following supported information:
 - A. Completed application
 - B. Photograph of applicant with name written on back (Not needed for continuing applicants approved in prior years)
 - C. Current high school or college transcript including the latest academic quarter or semester.
 - D. Two letters of recommendation from a school teacher or counselor, or someone who has known you for at least three years. (Not required, but one letter is recommended for continuing applicants)
 - E. One letter from an advisor of your DeMolay Chapter or from a District Deputy or other jurisdictional level advisor (Not required, but recommended for continuing applicants)

4. Before each check is issued, the applicant must present evidence of acceptance as a full-time student by an accredited College or University if entering for the first time, or a confirmation of good standing as a full-time student if in a continuing status, along with evidence of satisfactory completion of full-time hours in the previous term with a GPA of 2.5 or equivalent. A photocopy of the current transcript will meet this requirement.
5. Checks are issued directly to the school
6. Decisions are typically made prior to and announced at the annual Oregon DeMolay Conclave. Official notification letters to all applicants with award details follow the announcement.
7. The FIRM DEADLINE for this form is: **APRIL 11, 2008.**

APPLICATION STATEMENT

I certify that I am in need of the funds requested to continue my education. If granted, I will use the proceeds to apply on the payment of tuition, fees, books, essential transportation or living expenses at the school specified. To this end, I agree:

1. To furnish the DeMolay Endowment Foundation of Oregon, Inc., at the conclusion of each scholarship year with a report of how the funds received have been expended, and with a copy of the official transcript issued by the institution in which I am enrolled.
2. To inform the Foundation in the event funds not listed in this application become available to me, or if my school program is interrupted or terminated.
3. To keep the Foundation advised of my current address and telephone number while at school, or of any change of major consequence during the period for which I am receiving this scholarship.

I understand that I must maintain full-time student status throughout each term and satisfactorily complete a full-time class schedule each term **with a GPA of 2.5 (or equivalent)** in order to maintain my eligibility for this scholarship. If I fail to meet this requirement, I will forfeit my remaining undisbursed scholarship award. In the event that I receive a scholarship sponsored by an individual donor, I agree to correspond with the sponsor as requested and consent to the disclosure of non-confidential information regarding my progress to the sponsor.

As a condition and in consideration for my being considered for this scholarship, I do hereby authorize any one of the Trustees, or any person requested to do so by the Trustees to make any investigation into my past history, my character and reputation. I further agree to hold harmless and free from any liability any and all Trustees of the DeMolay Endowment Foundation of Oregon, Inc., from all legal proceedings, rights and remedies which may otherwise be available to me under current or future laws. I give my permission for photographs and non-confidential personal information to be used for publicity purposes and press releases related to this scholarship.

The information submitted is complete and correct to the best of my knowledge. I fully understand my responsibilities as detailed herein, and authorize the Foundation to disclose, if necessary, to Parents or guardian any information it may receive in connection with this application.

Date: _____ Signature: _____

PARENT / GUARDIAN STATEMENT

(If Applicant is under 18)

I have read this application, attest to its accuracy, and understand that my son/ward is applying for a scholarship from the DeMolay Endowment Foundation of Oregon, Inc., and that I consent to the terms and conditions of this application

Date: _____ Signature: _____

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