Wisconsin DeMolay Foundation Scholarship Application
2026-2027 School Year

Before completing your Application, please read the following requirements:

1. You must be a member of (or have demonstrated significant support for) the Order of DeMolay in Wisconsin.

2. You must be a current student (or accepted as a student) for the 2026-2027 school-year.

3. All information submitted must be complete and accurate and submitted on or before the application deadline. Incomplete applications may result in reduced award or a declined scholarship.

4. Personal reference contacts should reside or be employed in your home community and have known you for at least two years.

5. Scholarship grants are made for one year only. If a scholarship is sought for another year, a new application must be submitted for that year.

6. Use of this form is required. If the space provided for an answer is insufficient, you may continue completing the application by adding information on additional pages.

7. You must complete the form on a computer and email it in Word or PDF format to the Foundation Scholarship Committee Chairman, Dad Scott Kaczor, no later than June 30, 2026 to sekaczor@aol.com.

8. Wisconsin DeMolay Foundation grants are made payable to the approved applicant and the identified college, university, trade school or other institution for tuition, books and required tools only. No portion may be used for room, board or general living expenses.

9. Any unused check for a grant must be promptly returned to the Wisconsin DeMolay Foundation. The check may not be used for a different academic year than that granted.

10. The Wisconsin DeMolay Foundation intends to notify applicants, electronically, by July 31, 2026, acknowledging the receipt of the Scholarship and, if granted, additional details.

Applicant's Name: _____ _____
First Middle Last DOB

Email (for the Foundation to contact you):_____

Home (this address will be used for grant distribution):

Street Address: _____

City, State and Zip Code: _____

Cell Phone: _____ Home Phone: _____

Address at School (if known):

_____

Street City State & Zip

Name of DeMolay chapter(s) associated with: _____

List DeMolay activities and leadership roles: _____

_____

_____

_____

If not a member of Wisconsin DeMolay, what has been your direct involvement and how have you demonstrated significant support for DeMolay in Wisconsin?

_____

_____

_____

List past and present school, religious, civic and community activities and leadership roles:

_____

_____

_____

What are your goals and ambitions for the future? How has your involvement with DeMolay contributed to them?

_____

_____

_____

Present Status:

High School: Senior ____ Graduate ____ GED _____ Year of Graduation/GED _____
Trade School: ____
College: Freshman ___ Sophomore ___ Junior ___ Senior ___
Graduate School ____
Other: _____

High School Name and City _____

College/Graduate School/Trade School/other _____

Course of Study _____

1. What institution will you attend during the next academic year for which this scholarship is sought?

_____

2. Will you be attending Full Time? _____ Yes I will be attending Full Time

_____ No If No; how many credits do you plan on taking: _____

3. Area of study or trade program applying for: _____

4. Estimated Tuition/Program cost for upcoming year: _____ Books/Tools: _____

5. Exact grade-point average calculated on a 4.0 scale: High School: _____College: _____

Name of father (or guardian): _____

Address: _____

Name of mother (or guardian): _____

Address: _____

List names, addresses, email and telephone numbers of two personal reference contacts (coaches, teachers, youth group leaders (other than DeMolay), etc. not related to you, who have observed your activities in the past two years.

Name	Address	E-Mail Address	Telephone
1. _____	_____	_____	_____

In what role or capacity did they know you personally. _____

_____

2. _____	_____	_____	_____

In what role or capacity did they know you personally. _____

_____

List names, addresses, email and telephone numbers of two adult DeMolay references (not related to you) who have observed your activities.

Name	Address	E-Mail Address	Telephone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Please set forth any additional information (personal or financial) that you believe will be of value to members of the scholarship committee.

_____

_____

_____

If a minor; is this application made with the knowledge and approval of your parents or guardians? _____

I confirm that all information included in this application is true, accurate and complete. I authorize verification of details provided.

_____ _____

Type your name which will act as your signature Date

Application advice:

Complete application questions fully and with deliberate thought. Missing or minimal response may deny your application or limit the amount of scholarship award.

Don't leave anything of value off of your application. Include all relevant skills, honors, languages, awards, job experience, extracurricular activities, certifications, medals and training experiences.

Have your application reviewed by a friend/parent or an instructor or advisor; and correct any spelling/grammar that is in question before submission.

Common Questions:

What if I change schools? Unused checks must be returned to the Foundation to be reissued to the new school and recipient. Notify the Foundation a.s.a.p. so they are aware of your situation.

Can I use the award for my second semester only? Yes, but the grant must be used in the current academic year. Also all checks should be cashed within 90 days to avoid any check expiration difficulties.

Mailing Address? WDF Scholarship Committee, c/o Dad Scott Kaczor, 4460 S. 50th Street, Greenfield, WI 53220 (not to be used for scholarship applications – please email applications to sekaczor@aol.com)

How will I know if the Foundation has received my Application? The Foundation Scholarship Committee Chairman will send an acknowledgment of Application receipt within 1 week of receiving the application. If you do not receive this acknowledgment; contact Chairman Dad Scott Kaczor by email.

Questions: Any questions you may have can be addressed to the Wisconsin DeMolay Foundation. Email your questions to: Dad Scott Kaczor - Scholarship Committee Chairman, sekaczor@aol.com

If this is the first time you are applying for a Wisconsin DeMolay Foundation Scholarship,

1. Please furnish the name, email and address (home or school) of the living teacher (elementary, middle or high school) who had the biggest positive influence on you:

_____

_____

_____

2. Furnish the name, email and address (home or office) of the teacher's principal:

_____

_____

_____

3. Furnish the name, email and address (home or office) of the teacher's superintendent of schools:

_____

_____

_____

4. Furnish a sentence or two telling us how that teacher had a positive influence on you.

_____

_____

_____

_____

_____

If the Foundation grants you a scholarship, we may write the teacher, advising that you are getting a scholarship from the Wisconsin DeMolay Foundation and how the teacher had a positive influence on you. We may also send a copy of that letter to the teacher's principal and the superintendent of schools.