



Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address at School (if known):

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Street	City	State & Zip
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Name of DeMolay chapter(s) associated with: \_\_\_\_\_

List DeMolay activities and leadership roles: \_\_\_\_\_

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

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

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

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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.

<u>Name</u>	<u>Address</u>	<u>E-Mail Address</u>	<u>Telephone</u>
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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.

<u>Name</u>	<u>Address</u>	<u>E-Mail Address</u>	<u>Telephone</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

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

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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. 50<sup>th</sup> Street, Greenfield, WI 53220 (not to be used for scholarship applications – please email applications to [sekaczor@aol.com](mailto: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](mailto: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:

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

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

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

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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.