



# *DeMolay Scholarship Foundation of Ohio, Inc.*



## **APPLICATION FORM**

Date \_\_\_\_\_

To be emailed to: Michael A. Himes, [michaelhimes346@gmail.com](mailto:michaelhimes346@gmail.com) or mailed to Michael A. Himes, 4260 Victorian Green Drive, Unit 54, Cincinnati, OH, 45211.

### **INSTRUCTIONS TO ALL APPLICANTS**

All applicants must complete the following steps before they can be considered as a first-time applicant for scholarship aid. All items should be checked as completed prior to submitting this application.

**(Please note !!! Additional/Renewal Applications** can be made with a simple letter requesting consideration, including your name and current address, phone number, and email, along with information on the college and course of study, your extracurricular activities, and an official transcript of your previous academic year demonstrating your 3.0 minimum GPA.)

1. I have requested the following persons to submit endorsements in my behalf.
  - a. High School Principal, three (3) faculty members, guidance counselor, or college faculty members.

\_\_\_\_\_

- b. Employer or community acquaintance.

\_\_\_\_\_

- c. Business references.

\_\_\_\_\_

- d. DeMolay Advisor or Advisors

\_\_\_\_\_

- e. An Official Transcript of grades must be turned in each year you request a scholarship, 3.0 **MUST** be maintained.

**YOUR EMAIL APPLICATION MUST BE RECEIVED BY JUNE 15, 2025. Mail applications must be postmarked by JUNE 15, 2025.**

**(If there is a problem with getting a transcript, please sent the completed initial application or renewal application by June 15, 2024. We can receive the transcript later if the application letter is received in a timely manner. Contact Michael Himes at the above listed email to explain the situation)**

# **SCHOLARSHIP APPLICATION**

DATE: \_\_\_\_\_

1. Please type or print the answers to all questions, legibility and completeness are absolutely essential to insure full consideration. Please attach extra sheets when the space provided for your answer is insufficient.

2. Name (printed) \_\_\_\_\_  
Last First Middle

3. Home Address \_\_\_\_\_  
Number & Street City Zip

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

Email: \_\_\_\_\_

4. Parents or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

5. Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_ Single    \_\_\_ Married

6. What is the name of the secondary school from which you will be, or have been graduated?

\_\_\_\_\_

7. What are your eventual academic goals? \_\_\_\_\_

\_\_\_\_\_

8. Upon completing the course of study for which this aid is being requested, what are your plans?

\_\_\_\_\_

\_\_\_\_\_

9. If you hope to continue with your studies, how are you planning to meet the financial expenses above the amount of the scholarship?

\_\_\_\_\_

\_\_\_\_\_

10. What would you consider your two most significant contributions in time and energy to your school, home, or community in the past three (3) years?

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11. What awards have you won for proficiency in the academic arenas, such as music, art, athletics, etc.?

**AWARD**

**AREA**

**YEAR**

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12. Write a paragraph on your DeMolay history, showing work done for the Chapter, District, and State. Offices held, honors and awards earned and received.

13. What effect has DeMolay had on your life? Your ideals? Your conduct as an American Citizen? Your faith in God?

14. Please show below any jobs you have had during the past three (3) years. Please list in order, with present employer first.

<u>Name of firm</u>	<u>Nature of job</u>	<u>Date of Employment</u>	
		<u>From</u>	<u>To</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

<u>Hours per week</u>	<u>Rate of pay</u>
<hr/>	<hr/>
<hr/>	<hr/>

\_\_\_\_\_

\_\_\_\_\_

15. What is your anticipated budget for the semester or year for which you are requesting the scholarship?

**Anticipated expenses:**

Fees \_\_\_\_\_

Books \_\_\_\_\_

Transportation \_\_\_\_\_

Other \_\_\_\_\_

Total Expenses \_\_\_\_\_

**Anticipated income:**

From your parents \_\_\_\_\_

From your own savings \_\_\_\_\_

From summer savings \_\_\_\_\_

From school year employment \_\_\_\_\_

Total income \_\_\_\_\_

District No. \_\_\_\_\_ Chapter Name \_\_\_\_\_

Date \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Applicant's full name (printed): \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Approved by: \_\_\_\_\_

Governor's signature

DATE APPLICATION RECEIVED: \_\_\_\_\_