



This application is due by
June 1, 2025 EXTENDED
**See instructions for electronic upload, email, or
by mail submission on page 5.**

P.O. Box 66214 • Portland OR 97290 • 503.248.2846

Scholarship description: Foundation scholarships are for one academic year and typically provide individual awards ranging from \$500 to \$4,000. Foundation scholarships are for studies at accredited two or four year institutions. Priority is for scholarships for full-time study. Part-time study scholarships can be considered based on credits planned and taken: 3 to 6 credits, up to \$500; 9 credits, up to \$750. Loren and Betty Schrock Education Fund scholarships and grants are also available for accredited one and two year trade and technical programs and technical/professional certifications and associated program expenses ranging from \$500 to \$2,500. Schrock scholarships and grants are also awarded annually. All programs are available for Active and Senior DeMolays through age 25. Application can be made annually for continuing programs.

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

I am a member or senior member in good standing of _____ Chapter, of the Order of DeMolay, and am now attending or have been accepted at the college or university or program shown below for the academic period as indicated. I am applying for a scholarship from the DeMolay Endowment Foundation of Oregon, Inc., and the Loren and Betty Schrock Education Fund and understand the scholarship description.

PERSONAL INFORMATION

Name: _____ Date: _____

Permanent Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Birthplace: _____ Date of Birth: _____

Social Security Number: _____ Email: _____

Parents Name: _____ Phone: _____

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 any siblings

Name	Age	School Attending, if Any	Annual College expenses, if any	Annual grants, scholarships, etc., if any
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

APPLICANT SCHOOL/EDUCATION INFORMATION

High School graduation date: _____ School: _____

What college or university or programs do you now attend, or plan to attend, and what is your major or area of study?

When did you, or will you, start your program? _____ Student ID# if known: _____
What is your planned completion date? _____

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

What are your plans following completion?

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 or in your program

Source - Such as "interest" or type of job & 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
		\$	
		\$	
		\$	
		\$	

Please attach a copy of the Expected Family Contribution page from your Student Aid Report from the Free Application for Federal Student Aid (FAFSA) showing the SAR score. If you are unable to provide this report and score, please explain below.

APPLICATION PROCEDURES

1. Include any additional comments relative to this application on an attached sheet.
2. It is understood that awards are made only for study at an accredited College or University or School or Program, and in the amount to be determined by the Trustees.
3. The application must show evidence of financial need, and will be considered only when complete with the following supporting 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 school teachers or counselors, or someone who has known you for at least three years. (One recommendation suggested, but not required, for continuing applicants)
 - E. One letter from an advisor of your DeMolay Chapter, Deputy Executive Officer, or other jurisdictional level advisor (Recommended, but not required, for continuing applicants)
 - F. **A copy of the Expected Family Contribution page from the Student Aid Report from the Free Application for Federal Student Aid (FAFSA) process showing the SAR score.**
4. Before disbursing each check, either:
 - A. The applicant must present evidence of acceptance at an accredited College or University or School or program if entering for the first time, or
 - B. A GPA of 2.5 or equivalent and confirmation of good standing if continuing. A photocopy of the current transcript will meet this requirement.
5. Checks are issued directly to the school or program. Grants may be distributed directly for reimbursement.
6. Decisions are typically made mid-April to early June and announced at or shortly following the Oregon DeMolay Convention. Official notification letters to all applicants with award details follow the announcement.
7. **The EXTENDED FIRM DEADLINE for delivering this application to the Foundation is June 1, 2025.**

APPLICATION STATEMENT

I certify that I am in need of the funds requested to continue my education. If granted, I will use the proceeds for 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. with a letter reporting how I applied the funds and a copy of my official transcript from the institution in which I am enrolled at the conclusion of each scholarship term.
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, email 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 and satisfactorily complete a 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.

Signature: _____ Date: _____
Check or enter initials here [] to confirm if any typewritten signature is intended as a valid electronic 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.

Signature: _____ Date: _____
Check or enter initials here [] to confirm if any typewritten signature is intended as a valid electronic signature.

This application is due by

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- For efficient processing, upload applications and materials to the Oregon DeMolay Foundation website <http://ordemolayfoundation.org/foundation-scholarships/>
- Or, email signed and scanned submissions to office@ordemolayfoundation.org followed by mailing of originals.
- Online or email submission are preferred. If necessary, mail applications to: Oregon DeMolay, P.O. Box 66214, Portland OR 97290 supported by your notification email to office@ordemolayfoundation.org. **If mailing, be sure to notify the office.** We have had applications lost or delayed through the mail resulting in missed deadlines.