

## FRANK J. KELL JR. SCHOLARSHIP

## **APPLICATION**

PLEASE ATTACH
FROM SCHOOL OR COLLEGE YOU ARE NOW ATTENDING.

**CURRENT TRANSCRIPT OF GRADES** 

PLEASE FEEL FREE TO ATTACH ANY INFORMATION THAT MIGHT HELP US IN DETERMING YOUR FINANCIAL NEEDS.

• Application must be completed and signed by applicant, reviewed and signed by adult leaders of the group in order to be considered. Deadline is **June 16, 2025. Send to: director\_alumni@okdemolay.org** 

NAME				
(First)	(Middle) Social Security #		(Last)	
DATE OF BIRTH				
ADDRESS				
(Street)	(City, State)	(Zip Code)	(Phone)	
CHAPTER				
INITIATION DATE:	POSITIONS FILLED A	ND YEAR		
ARE YOU THE RECIPIENT OF	ANOTHER SCHOLARSHII	P		
IN WHAT AMOUNT	FROM WHOM			
COLLEGE OR SCHOOL DATA:				
1. Are you currently enrol	led			
2. Name of college or sch	ool now attending			
3. Present grade level				
COLLEGE OR SCHOOL YOU P				
1. Name of College or Sch	nool:			
2. Address of College or S	School:			
3. Name and Address of F	Registrar:			
4. Field of Study:				

(continued on second page)

What have you done to prepare f	for college or special	lized training? Be Specific	
Occupation of Father or Guardia	n		
Place of Employment and Yearly	Salary:		
Occupation of Mother			
Place of Employment and Yearly	Salary:		
		ə:	
Do you expect to work while goin	ng to school?		
If Yes, full or part time?	Expected	Monthy Income	
YOUTH GROUP ACTIVITIES:			
CHURCH ACTIVITIES:			
SCHOOL ACTIVITIES:			
COMMUNITY ACTIVITIES:			
SIGNATURE OF APPLICANT: You may attach another sheet fo		eded. Copies of the application may be re	produced.
ADULT LEADERS OF GROUP	-		
Signature and Title	•	Phone	<del></del>
Signature and Title	)	Phone	<del></del>
Signature and Title	 }	Phone	<del> </del>