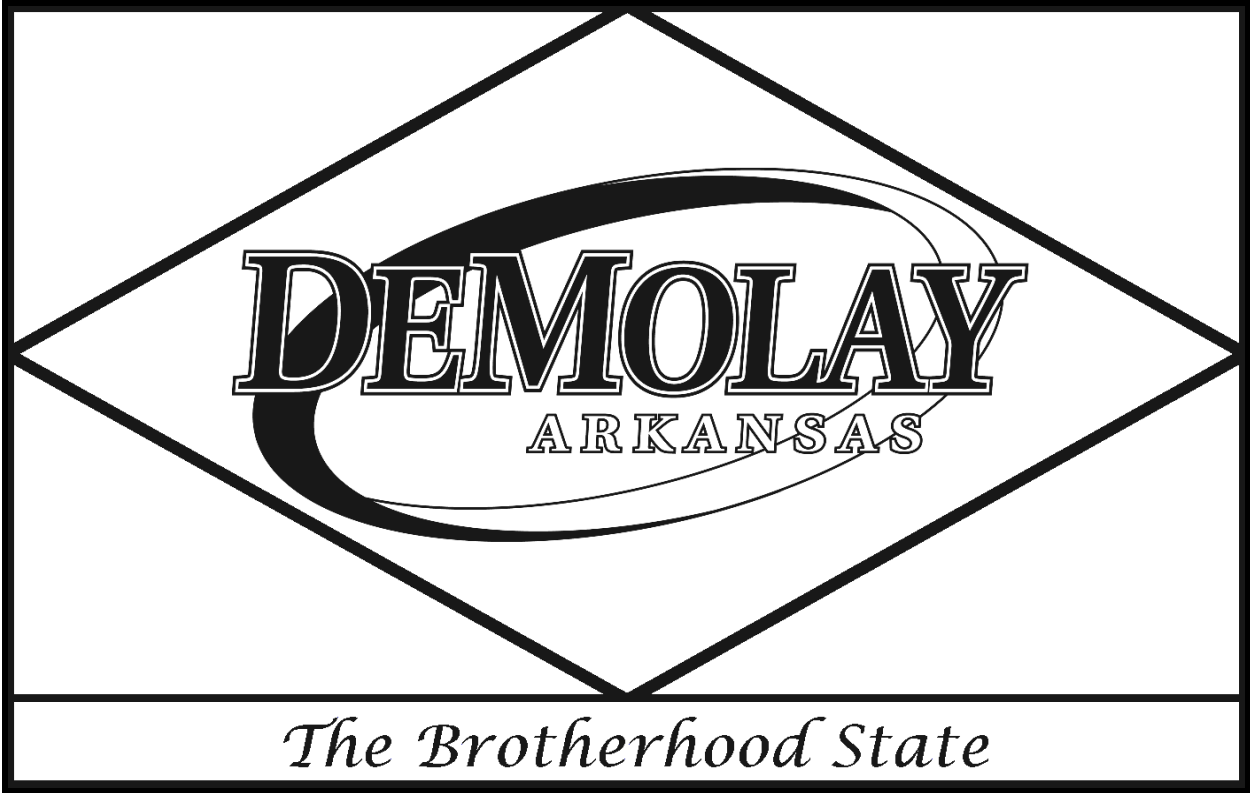


The J.W. "Jack" & Mildred Nutt
Scholarship



Grant Application

Applicant name: _____

Street Address: _____

City: _____ State: ____ Zip: _____

Chapter: _____ Phone: AC(____) _____ - _____

The J.W. & Mildred Nutt Scholarship

March 2002

This Scholarship Award is in memory of Past Executive Officer in Arkansas and Past Grand Master of the Order of DeMolay, Dad J.W. "Jack" Nutt and his wife "Mom" Mildred Nutt. The scholarship will be awarded at the annual Arkansas DeMolay State Conclave. Only active members of Arkansas DeMolay Chapters are eligible to apply for this scholarship. Applicants may be graduating High School Seniors or continuing undergraduate students at accredited Colleges, Universities, or Trade/Vocational-Technical institutions.

The grant of funds from this scholarship will total \$500.00 to any one recipient. The grant will be awarded in two parts, paid directly to the institution where the recipient is accepted or enrolled. The first half will be paid for the first semester of study, and the second the second semester. (If the institution is on a "tri-mester" system, the scholarship will be paid in thirds.) The successful grantee must supply correct information about his school's student aid process to the Executive Officer in Arkansas, or his designated representative, to enable this scholarship to be paid to the institution. The scholarship must be used within one calendar year of the award, or it is forfeit. The successful grantee must maintain "full-time" student status at his institution, and maintain a "C" or better grade point average. For second (or third) payments to be made, the grantee must supply a copy of his previous grade period transcript to the Executive Officer or his designee. This transcript must be made available before the close of any student aid acceptance window the educational institution may set.

The Executive Officer in Arkansas will appoint a selection committee, who will have the sole discretion in granting this scholarship. They Executive Officer may waive any portion of these parameters, if in his opinion, it is in the best interest of Arkansas DeMolay.

The application filing deadline for this Scholarship is July 1st of the current year.

Full Name of Applicant: _____ Date: _____

Age: _____ Date of Birth: _____ DeMolay I.D. Number: _____

College/University/School planning to attend/or attending: _____

Location of Institution: _____

Will you live at home or on campus: _____ (If other, explain below)

—

High School attended: _____

Graduation date: _____ Senior Year Grade Point Average: _____ SAT/ACT (circle-overall): _____

List extracurricular activities other than DeMolay, including any awards, honors, or positions of leadership:

Name of Father or Guardian: _____ Age: _____

Occupation (be specific): _____

Name of Mother or Guardian: _____

Occupation: _____

Number of Brothers/Sisters in your family: _____ How many live at home: _____

Are any others in college now? _____

List sources and amount of income for your education: _____

—

How much support can you expect from your family each year: _____

Other factors bearing upon financial need (medical expenses, other financial commitments):

Do you plan to work this summer: _____ Do you have a job now: _____ Approximate income: _____

Have you applied for or received scholarships, grants, or loans from other sources? List:

—

List anticipated educational expenses for the coming year:

—

—

When did you become a DeMolay: _____ Where:

What Offices have you held in your Chapter: _____

—

Do you hold: PMC-MSA _____ RD _____ LCC-1 ____, 2 ____, 3 ____, 4 ____, 5 _____

Other DeMolay Awards: _____

What do you feel is your greatest achievement in DeMolay?

—

Please attach the following to this application:

1. A personal letter setting forth in detail your educational plans, career goals, and future plans. Explain how your education will benefit you in attaining these goals. Minimum 250 words.
2. A transcript of your Senior High School year, or latest semester/trimester.
3. A personal letter from a member of your Chapter's Advisory Council recommending you for this

List three personal references who have known you for at least one year (no relatives):

1. Name: _____

Address: _____, City: _____ ST: _____

Phone: day (____) ____ - _____ evening (____) ____ - _____ e-mail: _____

2. Name: _____

Address: _____, City: _____ ST: _____

Phone: day (____) ____ - _____ evening (____) ____ - _____ e-mail: _____

3. Name: _____

Address: _____, City: _____ ST: _____

Phone: day (____) ____ - _____ evening (____) ____ - _____ e-mail: _____

Certifications:

To the best of my knowledge the information given on this application is true and correct. The Scholarship Board has my permission to verify any part of the information given herein. Further, I consent to give, to the best of my ability, any further information they may request as they deem necessary to fully process this application. I have read and understand the terms of this Scholarship.

Parent or Guardian of applicant: (signature) _____ Date: _____

Please print name: _____

To the best of my knowledge the information given on this application is true and correct. The Scholarship Board has my permission to verify any part of the information given herein. Further, I consent to give, to the best of my ability, any further information they may request as they deem necessary to fully process this application. I have read and understand the terms of this Scholarship.

Applicant signature: _____ Date: _____

The deadline to file this application is July 1 of the current year. This application should be mailed to:

Dad T.J. Henwood, Executive Officer in Arkansas
Arkansas DeMolay