



2010 MASONIC YOUTH LEADERSHIP RECOGNITION PROGRAM

AN UNRESTRICTED \$1,000 MINNESOTA MASONIC YOUTH LEADERSHIP AWARD TO THE
2010 DEMOLAY STATE MASTER COUNCILOR & 2010 JOB'S DAUGHTERS GRAND BETHEL HONORED QUEEN
OFFERED BY MINNEAPOLIS LODGE NO. 19 A.F. & A.M.

APPLICATION

CHECK ONE:

- DEMOLAY STATE MASTER COUNCILOR
- JOB'S DAUGHTERS GRAND BETHEL HONORED QUEEN

(PLEASE MAIL COMPLETED APPLICATION AS INDICATED AT BOTTOM OF THE PAGE. SUBMISSIONS BY E-MAIL WILL NOT BE ACCEPTED.)

NAME _____
LAST FIRST MIDDLE

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (HOME) _____ (CELL) _____ E-MAIL _____

HIGH SCHOOL _____ GRADUATION DATE ____/____/____

YOUR AGE _____ DATE OF BIRTH ____/____/____ PLACE OF BIRTH _____

FATHER'S NAME _____

ADDRESS _____

MOTHER'S NAME _____

ADDRESS _____

FOR ITS POSSIBLE PUBLICATION, PLEASE **TAPE** YOUR FORMAL, CLOSE, COLOR PORTRAIT HERE.

TAPE ONLY BACK OF PHOTO, PLEASE!

INDICATE THE COLLEGE(S) YOU ARE CONSIDERING OR ALREADY ENROLLED IN.

PRESENT FIELD OF INTEREST OR MAJOR _____

WHY HAVE YOU CHOSEN THIS FIELD? _____

LIST ALL SCHOOL ACTIVITIES AND/OR ORGANIZATIONS AND YEAR(S) IN WHICH YOU ARE NOW OR HAVE BEEN AN ACTIVE PARTICIPANT.

LIST ALL COMMUNITY ACTIVITIES (CHURCH, SCOUTS, , 4-H, THEATER, MUSIC, SPORTS, VOLUNTEER WORK...)

SIGNATURE

ALL THE INFORMATION ABOVE CONSTITUTES MY APPLICATION FOR THE 2010 MASONIC YOUTH LEADERSHIP RECOGNITION PROGRAM, AND IS ORIGINAL, CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND IF AWARDED A SCHOLARSHIP, I AGREE TO ABIDE BY ALL ITS REQUIREMENTS. AS THE APPLICANT, I UNDERSTAND THAT ALL INFORMATION WILL BE FURNISHED TO THE COMMITTEE, AND SHALL BE CONFIDENTIAL.

DATE

SIGNATURE

APPLICATION MATERIALS SHOULD BE DELIVERED TO:
MINNEAPOLIS 19 SCHOLARSHIP FOUNDATION
 2540 PARK AVENUE SOUTH
 MINNEAPOLIS, MINNESOTA 55404-4403