



Moose - The Heart of the Community Scholarship Program

Class of 2024 Scholarship Application must be submitted **JUNIOR** year.

MUST BE FAXED OR POSTMARKED ON OR BEFORE JUNE 30, 2023 - NO EXTENSIONS!

Applicant Section

Applicant's Name _____ Date of Birth _____

Address _____

City _____ State/Prov _____ Zip/Postal Code _____

Applicant phone () _____ Parent phone () _____ Email _____

I participate in Out-of-School activities (i.e. employment, scouting programs, music lessons, non-school related sports letter required from supervising adult.) **Describe activity:** _____

Applicant signature _____ Date _____

Sponsoring Moose Member Section

Father Stepfather Grandfather Mother Stepmother Grandmother Legal Guardian

(Please check one box)

Applicant's father, mother, stepparent, grandparent or legal guardian must be a member of the Order in good standing. Applicant is not required to reside in the same household.

Member name _____ Member signature _____

Address _____

City _____ State/Prov _____ Zip/Postal code _____

Phone () _____ Moose Member I.D. number _____ Lodge number & State _____

Moose Volunteer Section: To be filled out by Administrator/Chapter Treasurer/Moose Legion Secretary

Moose Representative name _____ Title _____

Fraternal Unit name _____ Fraternal Unit number _____ State/Prov _____

Date/Date range student volunteered on behalf of Moose _____

Description of the Volunteer work performed _____

Phone () _____ Moose Member I.D. number _____

Must be signed by Lodge Administrator/Chapter Treasurer/Moose Legion Secretary.

I verify the student volunteered on behalf of the Moose. _____
Moose Representative signature _____ Date _____

High School Verification Section: To be filled out by a High School Official

I attest applicant meets the following eligibility requirements: **COPY OF TRANSCRIPT OR REPORT CARD IS REQUIRED.**

Is a student in the high school graduating Class of 2024.

Currently participates in In-School activities (i.e. sports, band, theater, etc.) **Describe activity:** _____

High School _____ Applicant's GPA () on a () Scale _____

City _____ State/Prov _____ Zip/Postal code _____

School Official's Name _____

Title _____ Phone () _____

Signature _____ Date _____

Mail proof of GPA and Supervisor letters to: Moose - The Heart of the Community Scholarship Program,

Attn: Brian Schimek, 155 S. International Drive Mooseheart, IL 60539-1172

Questions? Contact Brian Schimek (630) 966-2257 or bschimek@mooseintl.org • Fax: (630) 966-2225

WINNERS ARE RANDOMLY DRAWN AND WILL BE NOTIFIED BY NOVEMBER 17, 2023.