



R. ROBERT DALE SCHOLARSHIP

Class of 2017 Application

State/Prov. _____
Lodge # _____
Chapter # _____

MUST BE FAXED OR POSTMARKED ON OR BEFORE JUNE 30, 2016 - NO EXTENSIONS!

Please type or print legibly. One application per student.

APPLICANT'S NAME _____	DATE OF BIRTH _____ / _____ / _____	
MAILING ADDRESS _____		
CITY _____	STATE/PROV. _____	ZIP/POSTAL CODE _____
BEST FAMILY DAYTIME PHONE _____	ASK FOR _____	EMAIL ADDRESS _____

All information on this application is true to the best of my knowledge. **MUST BE SIGNED TO BE VALID!**

Applicant's Signature Date

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 same household.

LOYAL ORDER OF MOOSE

(Please Check One Box)

Father Stepfather Grandfather Legal Guardian

NAME _____

PHYSICAL ADDRESS _____

CITY _____

STATE/PROV. _____ ZIP/POSTAL CODE _____

BEST DAYTIME PHONE _____

LOOM ID # _____

LODGE NAME _____

STATE/PROV _____ LODGE # _____

MUST BE SIGNED BY ADMINISTRATOR TO BE VALID!
I verify the above member is in 'Active' status

Administrator's Signature Date

WOMEN OF THE MOOSE

(Please Check One Box)

Mother Stepmother Grandmother Legal Guardian

NAME _____

PHYSICAL ADDRESS _____

CITY _____

STATE/PROV. _____ ZIP/POSTAL CODE _____

BEST DAYTIME PHONE _____

WOTM ID # _____

CHAPTER NAME _____

STATE/PROV _____ CHAPTER # _____

MUST BE SIGNED BY CHAPTER RECORDER TO BE VALID!
I verify the above member is in 'Active' status

Recorder's Signature Date

This section must be completed in full by a high school official. Please type or print legibly. Transcript not required.

APPLICANT MUST MEET THE FOLLOWING REQUIREMENTS TO BE ELIGIBLE:

- Be in the high school graduating class of 2017
- Have a cumulative grade point average of 2.5 or higher on a 4.0 scale (If school uses other grading system, student must have a C+ or better)

Is applicant in the graduating class of 2017 (check one) yes no

If school uses 4.0 scale – applicant's GPA is: _____ /4.0

OR applicant's letter grade is: (circle one) A+ A A- B+ B B- C+

Name of High School _____ Physical address _____

City _____ State/Prov. _____ zip/postal code _____

School official to contact with questions (name) _____ (title) _____ (contact #) _____

School official completing this section: (name) _____

_____ (title) _____

_____ (signature) _____ (date)

MAILING ADDRESS: WINNERS ARE RANDOMLY DRAWN AND WILL BE NOTIFIED BY NOVEMBER 18, 2016.

R. Robert Dale Scholarship
Membership Department
155 S. International Dr.
Mooseheart, IL 60539-1183

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FAX:
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