



# Moose - The Heart of the Community Scholarship Program

Class of 2026 Scholarship Application must be submitted **JUNIOR** year.

**MUST BE FAXED OR POSTMARKED ON OR BEFORE JUNE 30, 2025 - 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 \_\_\_\_\_ Email 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 2026.

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

Attn: Dallas Arnold, 155 S. International Drive Mooseheart, IL 60539-1172

Questions? Contact Dallas Arnold (630) 966-2257 or darnold@mooseintl.org • Fax: (630) 966-2225

**WINNERS ARE RANDOMLY DRAWN AND WILL BE NOTIFIED BY NOVEMBER 17, 2025**