



# Moose - The Heart of the Community Scholarship Program

Class of 2027 Scholarship Application must be submitted **JUNIOR** year.

**MUST BE EMAILED OR POSTMARKED WITH A COPY OF TRANSCRIPT AND ANY OPTIONAL LETTERS ON OR BEFORE JUNE 30, 2026 - NO EXTENSIONS!**

## Applicant Section

Applicant's Name		Date of Birth
Address		
City	State/Prov	Zip/Postal Code
Applicant phone ( )	Parent phone ( )	Email
<input type="checkbox"/> I participate in Out-of-School activities (i.e. employment, scouting programs, music lessons, non-school related sports letter required from supervising adult.) <b>Describe activity:</b> _____		
Applicant signature		Date

## Sponsoring Moose Member Section

☐ Father ☐ Stepfather ☐ Grandfather ☐ Mother ☐ Stepmother ☐ Grandmother ☐ Legal Guardian

(Please check one box)

Applicant's father, mother, 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.		
<input type="checkbox"/> 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 ARE REQUIRED.**

<input type="checkbox"/> Is a student in the high school graduating Class of 2027.		
<input type="checkbox"/> Currently participates in In-School activities (i.e. sports, band, theater, etc.) <b>Describe activity:</b> _____		
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 application with proof of GPA and Supervisor letters together (NOT SEPARATELY) :

**Moose - The Heart of the Community Scholarship Program,**

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

**Questions? Contact Dallas Arnold @ (630) 966-2212 or [darnold@mooseintl.org](mailto:darnold@mooseintl.org)**

**WINNERS ARE RANDOMLY DRAWN AND WILL BE NOTIFIED BY NOVEMBER 17, 2026**