



# DeMolay Sweetheart Application



Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number(s): ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Sponsoring Chapter: \_\_\_\_\_

Assembly/Bethel: \_\_\_\_\_

School/College: \_\_\_\_\_ Grade: \_\_\_\_\_

Comments: (Brief description of yourself): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other activities/interests: \_\_\_\_\_

\_\_\_\_\_

***I hereby affirm that all of the above information is correct, and that I have read and am familiar with the Rules & Qualifications for the Sweetheart program, and also with the procedures involved in running for DeMolay Sweetheart.***

\_\_\_\_\_  
Signature of Applicant/Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of DeMolay Sponsor

\_\_\_\_\_  
Date