



Florida DeMolay State Sweetheart Candidate 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 State Sweetheart program, and also with the procedures involved in running for Florida's DeMolay State Sweetheart.

Signature of Applicant/Candidate

Date

Signature of Parent/Guardian

Date

Signature of Florida Sweetheart Coordinator

Date

