



Florida DeMolay State Sweetheart Candidate Application



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





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Name: _____ DOB: _____ Age: _____

Address: _____

Telephone Number(s): () _____ () _____

E-mail address: _____

Sponsoring Chapter: _____

Dates served as Chapter Sweetheart: _____

Length of involvement in DeMolay: _____

Lamp of Knowledge : Yes or No Date received: _____

Representative Sweetheart: Yes or No Date received: _____

Assembly/Bethel: _____

School/College: _____ Grade: _____

Do you take daily medication? Yes or No Medication: _____

Explain medication usage: _____

Are you currently employed: Yes or No Where: _____

My Female Chaperone for DeMolay functions will be: _____

Telephone Number: () _____ E-mail address: _____