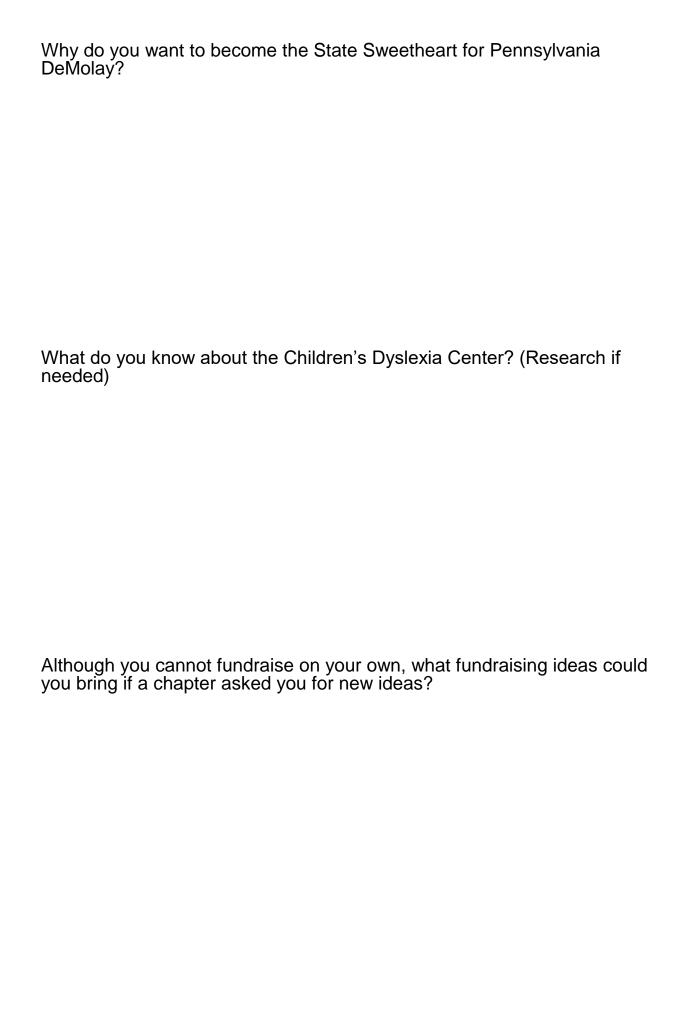
PENNSYLVANIA DeMOLAY STATE SWEETHEART APPLICATION

Name of Contestant:		
Address:Street	City	Zip
	Birth date	
E-Mail Address:		
Sponsoring Chapter:		
Are you a student? Circle One:	Yes	No
School	Grade	
Are you employed? Circle One:	Yes	No
Name and location of employer:		
What are your educational and/or end when the second secon		
List any offices held in the above gro	oup(s):	
List any hobbies or special interests	:	



I understand that if I am elected State Sweetheart of Pennsylvania DeMolay, I will be expected to attend in formal attire all such events as specified by Pennsylvania DeMolay.

I have enclosed a 5" x 7" or an 8" x 10" color photograph, or I have emailed a high-resolution color JPEG photograph to the Executive Secretary. I understand that the photograph will not be returned after the Convention. My adult female chaperone will be _____ and she will be registered and present at the Convention during the entire time I am there. I understand that I am subject to all the rules and regulations that govern the DeMolays while at the Convention. SIGNATURE______ DATE I/we approve of our daughter's candidacy for the position of State Sweetheart. SIGNATURE DATE Parent(s) of Sweetheart SPONSORING CHAPTER'S CERTIFICATION We certify that the above candidate for State Sweetheart has been selected by the members of our Chapter and approved by the Advisory Council. We further certify that, to the best of our knowledge, all the statements contained in this application are true. We understand that our candidate may not be present at or participate in the Convention program without a registered adult female chaperone on campus at all times. We agree that it is our responsibility to provide a chaperone who is individually responsible for our candidate, and that none will be assigned by Convention staff. SIGNATURE DATE DATE DATE SIGNATURE DATE DATE DATE **DEADLINE: June 15** Mail form and photograph to: Pennsylvania DeMolay 1244 Bainbridge Road

Elizabethtown, PA 17022