

PENNSYLVANIA DeMOLAY STATE SWEETHEART APPLICATION

Name of Contestant: _____

Address: _____
Street City Zip

Telephone Number () _____ 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 employment plans for next year?

List your memberships in any youth or service groups:

List any offices held in the above group(s):

List any hobbies or special interests:

Why do you want to become the State Sweetheart for Pennsylvania DeMolay?

What do you know about the Children's Dyslexia Center? (Research if needed)

Although you cannot fundraise on your own, what fundraising ideas could you bring if a chapter asked you for new ideas?

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 _____
Sweetheart

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 _____
Chapter Advisor/Chairman

SIGNATURE _____ DATE _____
Master Councilor

DEADLINE: June 15

Mail form and photograph to:

Pennsylvania DeMolay
1244 Bainbridge Road
Elizabethtown, PA 17022