

2027 PENNSYLVANIA MOOSE ASSOCIATION SCHOLARSHIP APPLICATION

TO BE COMPLETED BY HIGH SCHOOL SENIORS

MUST BE POSTMARKED ON OR BEFORE JANUARY 9, 2027— NO EXTENSIONS

PLEASE TYPE OR PRINT LEGIBLY – ONE APPLICATION PER STUDENT

APPLICANT'S NAME: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

CITY: _____ STATE/PROV: _____ ZIP CODE: _____

BEST FAMILY DAYTIME PHONE: _____ EMAIL ADDRESS: _____

All information on this application is true to the best of my knowledge. **MUST BE SIGNED TO BE VALID!**

APPLICANT'S SIGNATURE: _____ DATE: _____

Applicant's father, mother, stepparent, grandparent or legal guardian must be a member of The Moose in good standing. Applicant is not required to reside in same household.

(Please check one)

Father _____ Mother _____ Stepfather _____ Stepmother _____ Grandfather _____ Grandmother _____ Legal Guardian _____

NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE/PROV: _____ ZIP CODE: _____

BEST DAYTIME PHONE: _____

MEMBER ID# _____ LODGE NAME: _____ LODGE #: _____

I verify the above member is in "Active" status

ADMINISTRATOR'S SIGNATURE: _____ DATE: _____

This section must be completed in full by a high school official. Please type or print legibly. Transcript not required.

APPLICANT MUST MEET THE FOLLOWING REQUIREMENTS TO BE ELIGIBLE:

- Be a Senior
- Have a cumulative grade point average of 2.5 or higher on a 4.0 scale (If school uses other grading system, student must have a C+ or better)

Is applicant a Senior: Yes _____ No _____ If school uses 4.0 scale, applicant's GPA is : _____ /4.0

OR applicant's letter grade average is: A+ _____ A _____ A- _____ B+ _____ B _____ B- _____ C+ _____

Name of High School: _____ Physical Address: _____

City: _____ Zip Code: _____ Contact Number: _____

School official to contact with questions (Name) _____ Title: _____

School official completing this section (Name): _____ Title: _____

Signature: _____ Date: _____

WINNERS WILL BE NOTIFIED AFTER THE 2027 MID-YEAR

CONFERENCE MAILING ADDRESS: PENNSYLVANIA MOOSE ASSOCIATION

ROBERT KAMINSKE SECRETARY

190 MASTERSON RD

OIL CITY, PA 16301

CELL: 814-758-1715