



**DEMOLAY LEADERS
OF
NEW JERSEY
STATE SWEETHEART APPLICATION
2010-2011 TERM**

Date: _____

Name _____	Nickname _____	
Address _____	Phone _____	
_____	FAX _____	
Email _____	Age _____	Birth date _____
Sponsoring Chapter _____	Rainbow Assembly _____	

Assembly Offices held:

State Offices held: _____

Circle all that you have completed or achieved:

LCC1 LCC2 LCC3 LCC4 LCC5 PHK

Please list your current education level and what school you attend: _____

Please list any other groups of which you are a member and offices held: _____

Do you have your driver's license? YES NO

If not, do you have someone able to provide you with a ride to most DeMolay events? YES NO

Authorization

Applicant signature

Parent or Guardian signature

Chapter signature (Advisor)

Chapter signature (Master Councilor)