



# W MISSINGHAM MEMORIAL BURSARY – APPLICATION FORM

|                        |  |                   |  |
|------------------------|--|-------------------|--|
| <b>Date</b>            | <input type="text"/>   |                   |  |
| <b>Full name</b>       | <input type="text" value="Family name"/> <input type="text" value="Given name / s"/> |                   |  |
| <b>DeMolay Chapter</b> | <input type="text"/>   |                   |  |
| <b>Date of Birth</b>   | <input type="text"/>   | <b>Age</b>        | <input type="text" value="years"/> <input type="text" value="months"/> |
| <b>Address</b>         | <input type="text"/>   |                   |  |
|                        | <input type="text" value="State"/>   |                   | <input type="text" value="Postcode"/>                                  |
| <b>Home phone</b>      | <input type="text"/>   | <b>Mobile</b>     | <input type="text"/>   |
| <b>Email address</b>   | <input type="text"/>   |                   |  |
| <b>School</b>          | <input type="text"/>   |                   |  |
| <b>OR</b>              |  |                   |  |
| <b>Employer</b>        | <input type="text"/>   | <b>Occupation</b> | <input type="text"/>   |

## COMMENTS SUPPORTING NOMINATION

**Qualifying Criteria**

The W. Missingham Memorial Bursary is available to assist the youth members of DeMolay to achieve their goals in life. The Bursary will be given in the form of financial assistance to be used for an academic or sporting endeavour.  
Current maximum amount is \$500.00.  
Dad William (Bill) Missingham was an enthusiastic supporter of DeMolay for many years until his death in the early 1990's. He was a Past Supreme Grand Master, a Past Grand Master of Queensland and the holder of the Honorary Legion of Honour.

**Explain how DeMolay has influenced your life**

**Explain why you should be awarded this Bursary and how the funds will be utilised**

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**List any supporting documents attached**

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**Bank account details to deposit funds, if approved**

|  |                      |
|--|----------------------|
|  | Account name: .....  |
|  | BSB .....            |
|  | Account number ..... |

| Applicant signature |
|---------------------|
|                     |

| Parent / guardian signature<br>(for applicants under 18 years of age) |
|---|
|   |
| <b>Full name:</b>   |
| <b>Contact phone number:</b>  |

Submit this Application for to your Advisory Council for endorsement. If endorsed, Advisory Council is to submit with email recommendation to:

Executive Director  
DeMolay Australia Ltd  
[coy-sec@demolay.org.au](mailto:coy-sec@demolay.org.au)