

GRAND COURT OF VIRGINIA  
ORDER OF THE AMARANTH

AMARANTH SCHOLARSHIP APPLICATION INSTRUCTIONS  
FOR INTERNATIONAL ORDER OF DeMOLAY  
YEAR 2026

(Revised 12/31/25)

**INSTRUCTIONS**

**Eligibility:** - Applicants for this award must be graduating seniors in High School or have already received a High School Diploma or equivalent accepted by an institution of higher learning, who have not reached the age of 22 years at the time of applying for this award, and be a member in good standing in the International Order of DeMolay in the Commonwealth of Virginia.

1. Application must be made on the Official Application Form for the current award year. The application may be reproduced but not altered.
2. Applications are available from the Grand Secretary.
3. Application must be typed or printed.
4. Application must be complete in all respects.
5. Incomplete applications will not be considered for award.
6. The scholarship may be renewed; a new application must be filed for renewal using the current-year application.
7. Applicants must have a GPA of 3.0 or above to apply
8. Application must be received by the Grand Secretary no later than April 1st of the application year.

**NOTE: APPLICATIONS MUST BE RECEIVED BY THE GRAND SECRETARY OF THE ORDER OF THE AMARANTH ON OR BEFORE APRIL 1, 2026. POST MARKS DO NOT CONSTITUTE AN ON TIME RECEIPT.**

**APPLICATION CHECKLIST FOR APPLICANTS**

- \_\_\_\_\_ Complete and sign application in all required places
- \_\_\_\_\_ All questions answered
- \_\_\_\_\_ Official transcript attached in envelope sealed by school or emailed to [vagrsec2024@spectrum.net](mailto:vagrsec2024@spectrum.net) from the school office
- \_\_\_\_\_ DeMolay membership verification completed (copy of current dues card)
- \_\_\_\_\_ Two (2) letters of recommendation attached with original signatures and sealed in an envelope by the recommender.
- \_\_\_\_\_ Both pages of the Application, including additional page for Essay if needed

**NOTE: APPLICATION MUST BE RECEIVED BY THE GRAND SECRETARY OF THE ORDER OF THE AMARANTH ON OR BEFORE APRIL 1, 2026. POST MARKS DO NOT CONSTITUTE AN ON TIME RECEIPT.**

Submit Completed Application to:

**Mrs. Jennifer A. Smith, PGRM**  
PO Box 245  
Cheriton, VA 23316-0245  
[vagrsec2024@spectrum.net](mailto:vagrsec2024@spectrum.net)

# Grand Court of Virginia Order of the Amaranth Official Scholarship Application for 2026

Revised 12/2025

I am applying for the following Scholarship: *(circle one)*

Job's Daughters

Rainbow Girls

DeMolay

A separate Application form must be submitted for each organization you apply from.

## APPLICATION MUST BE TYPED OR PRINTED

Applicant's Name \_\_\_\_\_  
(First Name, Middle Name, Last Name)

Home Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_. I am a member of \_\_\_\_\_  
(Bethel, Assembly, Chapter)

I attend \_\_\_\_\_ located at \_\_\_\_\_  
Name of School Address

Father's Name \_\_\_\_\_ Lodge Affiliation \_\_\_\_\_  
First & Last Name Lodge & Number

Mother's Name \_\_\_\_\_ Masonic Affiliation \_\_\_\_\_  
First & Last Name Chapter, Court, etc.

1) ***Attach Official Grade transcripts, signed and sealed with the Official Seal of the school (envelope must be sealed by your school) or emailed from the school office to [vagrsec2024@spectrum.net](mailto:vagrsec2024@spectrum.net) for your last full semester of High School or College.***

2) Attach two (2) letters of recommendation, one (1) of which must be from your Bethel Guardian, Mother Advisor, or Chapter Dad, that are signed and sealed in an envelope by the recommender.

3) A copy of your current dues card.

4) List any academic and non academic Honors or Distinctions you have been awarded:

5) List your school and non-school activities, jobs, and interests:

6) In 300 words or less tell us how your Youth organization has helped prepare you for the adult working world: (Attached additional sheet if necessary.)

I will be attending \_\_\_\_\_  
First Choice of Higher Education

I will be attending \_\_\_\_\_  
Second Choice of Higher Education

I certify that all the information provided is true and accurate and should I not attend an institution of higher learning I will repay the Scholarship Award within six (6) months.

Applicants Signature: \_\_\_\_\_

Date \_\_\_\_\_