



The Chief Mason Griffith Foundation

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Rosebud, MO 63037
masongriffithfoundation@gmail.com

PERSONAL INFORMATION: TO BE COMPLETED BY THE APPLICANT. PLEASE PRINT OR TYPE IN BLACK OR BLUE INK.
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

NAME OF APPLICANT:

HOME ADDRESS:

Street

City

ST

ZIP

MAILING ADDRESS:

Street

City

ST

ZIP

SSN:

DOB:

Graduation Date/Expected:

Phone: () -

Principal Name:

Phone: () - Extension:

School District:

of Years Attended:

Current GPA:

High School Address:

Street

City

ST

ZIP

Sponsor Name:

Phone: () - Relation:

SPONSOR INFORMATION: TO BE COMPLETED BY THE APPLICANT'S SPONSOR. PLEASE PRINT OR TYPE IN BLACK OR BLUE INK. **SPONSOR MUST BE ADVISOR OR MENTOR ASSOCIATED WITH REQUIRED VOLUNTEER EXPERIENCE.**

Sponsor Name:

Phone: () - Relation:

Agency:

of Years Involved:

Rank:

Agency Mailing Address:

Street

City

ST

ZIP

Agency Address:

Street

City

ST

ZIP

How long have you known the Applicant?

How did you and the Applicant meet?

By signing, I confirm that the information in the SPONSOR INFORMATION boxes is accurate. I understand that I may receive a call from The Chief Mason Griffith Foundation for more information on applicant's experience.

Sponsor Signature

Date

APPLICANT SIGNATURE

By signing, I confirm that all information is accurate. I understand that an incomplete application is invalid and confirm that both, front and back, of this application are completed fully.

Applicant Signature

Date

Thank you and best of luck! - The Chief Mason Griffith Foundation



AGENCY:		Phone: () -	
Address:			
Street		City	ST ZIP
Experience 1:		Date:	
Witness:	Relation:	Phone: () -	
Experience 2:		Date:	
Witness:	Relation	Phone: () -	
Experience 3:		Date:	
Witness:	Relation:	Phone: () -	

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