

Illinois Masonic Ancient Accepted Scottish Rite (AASR) Scholarship Application

The Scottish Rite has scholarships to help people become better through their pursuit of knowledge.

The scholarship may be granted and may continue for as long as the recipient is enrolled as a full-time undergraduate student at an accredited college or university. However, it will be terminated at the end of the semester during which the recipient's cumulative grade point average is not a B or higher. It may also be terminated if the recipient changes institutions or his/her program without consent.

A scholarship recipient desiring to renew his/her scholarship for the ensuing year must forward to the scholarship chairman a letter of intent declaring his/her desire to continue as a scholarship recipient. This information must be submitted by April 1st and must be accompanied by the most recent transcript available.

Scholarship awarded will be forwarded to the student's college or university to be credited to his/her account.

This application, official high school or college transcript, and letters of recommendation must be received by **April 1st** of the year in which the application is made. The aforementioned documents will become the property of the Scottish Rite.

The following application covers four scholarships. Each has unique qualifications. On the next page select the one(s) being sought. The completed application, official transcript(s) and letters of recommendation should be forwarded to the address at the bottom of the page.

Health Career Fields: The recipient must intend to enter the field of health care. Health care includes (but is not limited to) nursing, physical or occupational therapy, radiology, anesthesiology, etc. Masonic relationship is not required.

Sherwood and Evelyn Kresin: This scholarship has an exception for the undergraduate only restriction. The recipient may be in an undergraduate or a graduate course of study. There is no restriction regarding the recipient's course of study. Masonic relationship is not required.

Robert B. Perkins: There is no restriction regarding the recipient's course of study. Masonic relationship is required. The applicant must have a father, grandfather, brother, or uncle who is (or was, if deceased) a member in good standing of an Illinois Scottish Rite Valley.

Louis L. Williams: The applicant must attend Illinois Wesleyan University in Bloomington, Illinois. There is no restriction regarding the recipient's course of study. Masonic relationship is required. The applicant must have a father, grandfather, brother, or uncle who is (or was, if deceased) a member in good standing of an Illinois Scottish Rite Valley.

Scholarship Committee
Valley of Southern Illinois
1549 Frank Scott Parkway W
Belleville, IL 62223

Illinois Masonic AASR Scholarship Application

Name: _____
(Last) (First) (Middle)

Home Address: _____

(City) (State) (Zip)

Home Phone #: (_____) _____ - _____ S.S. #: _____

Cell Phone #: (_____) _____ - _____ Email: _____

General Requirements:

1. Be a resident of Illinois.
2. Be an undergraduate student attending an accredited college or university.
3. Earn at least a "B" grade point average. (3.0 on a 4.0 scale or 4.0 on a 5.0 scale)

Please initial which scholarship(s) you meet the qualifications and are applying for:

- ____ Health Career Fields. Must pursue a career in health care.
- ____ Sherwood and Evelyn Kresin. No additional requirements. May be in an undergraduate or graduate course of study.
- ____ Robert B. Perkins. Must be a relative of a Scottish Rite Mason.
- ____ Louis L. Williams. Must be a relative of a Scottish Rite Mason and must also attend Illinois Wesleyan University.

Requirement of Robert B. Perkins and Louis L. Williams Scholarships:

1. Name of Scottish Rite Relative: _____
2. Relationship: ____ Grandfather ____ Father ____ Uncle ____ Brother ____ Self
3. Scottish Rite Valley of which your relative is a member: _____

The following rows are required for all applicants:

Father (name, position, annual income) _____

Mother (name, position, annual income) _____

Number of minor dependents in family _____ Number of siblings in college next year _____

High School currently attending or from which you are a graduate:

ACT Score: ____ SAT Score: ____ Class Rank ____ out of ____ GPA ____ out of ____

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High School Academic Honors: _____

Offices Appointed/Elected to: _____ year _____ to _____
_____ year _____ to _____
_____ year _____ to _____
_____ year _____ to _____

Extracurricular school related interests and activities: _____

College to be attended: _____

Address: _____

Phone Number (_____) _____ - _____

Academic status of next year: _____ (Fr, Soph, Jr, Sr, Grad)

Major Field of Study: _____

Minor Field of Study: _____

Hours completed: _____ Grade Point Average: _____

Civic related interests and activities: _____

If there are circumstances not covered by this form that you want the Scholarship Committee of the Illinois Masonic Scottish Rite Scholarship Fund to consider in processing this application, please describe them below:

Illinois Masonic AASR Scholarship Application

Professional Letter of Recommendation

As a courtesy the applicant should complete this top information for the evaluator.

Name of Applicant: _____

Please rate the applicant. Compare with others of like age and position.

	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower	No Basis for Judgment
Intellectual achievement						
General knowledge						
Oral expression						
Written expression						
Working with others						
Emotional maturity						
Imagination / creativity						

General assessment of overall academic ability: Of the approximately _____ students at a comparable education level that I have know in recent years, I would rate this applicant in the upper _____ percent.

In addition, please write a statement on the reverse side indicating your opinion of the applicant's ability to pursue studies and to achieve professional success in his or her chosen field. Any pertinent information is valuable, but an evaluation of strengths and weaknesses is more helpful than general praise.

Name _____ Signature _____

Position _____ Address _____

Relationship to Applicant _____ Dates _____

Date _____

Please return this letter of recommendation by April 1, to: Scholarship Committee
 Valley of Southern Illinois
 1549 Frank Scott Parkway W
 Belleville, IL 62223

Illinois Masonic AASR Scholarship Application

Personal Letter of Recommendation

As a courtesy the applicant should complete this top information for the evaluator.

Name of Applicant: _____

Please write a statement below indicating your opinion of the applicant's ability to pursue studies and to achieve professional success in his or her chosen field. Any pertinent information is valuable, but an evaluation of strengths and weaknesses is more helpful than general praise.

Name _____ Signature _____

Position _____ Address _____

Relationship to Applicant _____ Date _____

Please return this letter of recommendation by April 1, to: Scholarship Committee
Valley of Southern Illinois
1549 Frank Scott Parkway W
Belleville, IL 62223