

ILLINOIS MASONIC SCOTTISH RITE SCHOLARSHIP FUND HEALTH CARE SCHOLARSHIP APPLICATION

To qualify, the applicant/scholar must reside in the State of Illinois, and must have a 3.0 (B) grade point average on a scale of 4.0 or a 4.0 (B) on a scale of 5.0.

The applicant 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.

The applicant must attend an accredited college or university in the state of Illinois or in a state that is contiguous to Illinois.

The scholarship will continue for as long as the recipient is enrolled as a full-time undergraduate student at an accredited institution of higher learning. However, it will be terminated at the end of the semester during which the recipient's 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.

The scholarship check will be forwarded in August 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 1 of the year in which the application is made. The aforementioned documents will become the property of the Scottish Rite.

The IMSRSF scholarship will be awarded at the discretion of the Scholarship Committee at its June meeting.

The scholarship will be awarded without regard to race, gender, religion, age or handicap.

This application, official transcript, and letters of recommendation should be forwarded to:

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

ACADEMIC PREPARATION

SECTION A

High School attending: _____

Address: _____

ACT Score: _____ SAT Score: _____

Class Rank: _____ out of _____ Grade Point Average: _____ out of _____
(number) (class size) (number) (maximum)

Academic Honors: _____

SECTION B - MUST BE COMPLETED

College I plan to attend: _____

Address: _____

Major Field of Study: _____

Minor Field of Study: _____

Academic Status as of next Sept: _____
(Freshman, Sophomore, etc.)

Academic Honors: _____

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

Grade Point Average: _____ out of _____
(number) (maximum)

Extracurricular school related interests and activities: _____

Please send an official copy of your academic transcript, two references from professors and a personal recommendation by **April 1**.

**ILLINOIS MASONIC SCOTTISH RITE SCHOLARSHIP FUND
HEALTH CARE SCHOLARSHIP APPLICATION**

Dear

Enclosed is the information that you requested.

Please read the material carefully and make certain all the required information will reach me by the deadline, April 1.

On the back of the application form is a request for a statement about you. Make certain you tell us as much about yourself as possible. It will greatly assist us in making our decision on your application for a scholarship.

Decisions pertaining to scholarships will be made during the month of June, and you will be notified of our decision.

If you have any questions regarding your application, please do not hesitate to contact me.

Sincerely yours,

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

**ILLINOIS MASONIC SCOTTISH RITE SCHOLARSHIP FUND
HEALTH CARE SCHOLARSHIP APPLICATION
Personal Letter of Recommendation**

This section to be completed by the Applicant:

Name of Applicant _____

Social Security Number _____

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 _____ Dates _____

Date _____

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**ILLINOIS MASONIC SCOTTISH RITE SCHOLARSHIP FUND
HEALTH CARE SCHOLARSHIP APPLICATION
Professional Letter of Recommendation**

This section to be completed by the Applicant:

Name of Applicant _____ Social Security Number _____

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

	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	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 known 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.

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