SHERWOOD & EVELYN KRESIN MEMORIAL SCHOLARSHIP APPLICATION

Scholarship applicants must reside in the state of Illinois and must have a cumulative grade point average (GPA) of at least 3.0 (B) on a scale of 4 or a 4.0 (B) on a scale of 5.

Scholarships will be awarded only to students enrolled in an accredited college or university on a full-time basis.

Scholarship eligibility shall be based primarily on scholastic merit as evidenced by academic performance. Applicants shall be judged equitably without regard to race, ethnicity, religion, gender, age or handicap.

Scholarship applicants may pursue any academic field of undergraduate or graduate study without restriction. Scholarships may be awarded for a maximum of four years.

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 shall become the property of the Scottish Rite.

At the end of each semester scholarship recipients are to forward a copy of their semester’s grade report to the Scholarship Chairman. Scholarship recipients desiring to renew their scholarships for the ensuing year must forward a letter of intent indicating their status for the next year and their anticipated date of graduation. This information must be submitted by April 1.

Scholarships will be awarded or renewed at the discretion of the Scholarship Committee.

Scholarship awards will be forwarded each year to the recipient’s college or university to be credited to his or her tuition and fees account.

The last page of this application is a request for a statement about yourself. Share with us as much about yourself as you wish. The information you provide will greatly assist the scholarship committee in making their decision on your application for a scholarship. Neatness is important as the committee cannot evaluate what they cannot read. We wish to assist you as you strive for additional formal education and for our continued support you must conform to the guidelines of this application.

This application, official transcripts and letters of recommendation should be forwarded by April 1 to:

Valley of Springfield, AASR
1020 Rickard Road
Springfield, IL 62704-1096
SHERWOOD & EVELYN KRESIN MEMORIAL SCHOLARSHIP

Name: ________________________________________________________________________
   (Last)     (First)     (Middle)

Home Address: _________________________________________________________________
   (Street)
   _________________________________________________________________
   (City)     (State)   (Zip Code)

Phone Number: (______ )_____________________  SS#: _____________________________

Special Note: Request for financial information below may be omitted if a copy of the FAFSA
form is submitted.

Name of Father:______________________________  Mother:___________________________

Position: ___________________________________  Position: _______________________

Annual Income: _____________________________  Annual Income: __________________

Name of Spouse: _______________________________________________________________

Position: _________________________________   Annual Income: __________________

Number of Dependents in Family: __________________________________________________

Please indicate your anticipated income and expenses for the ensuing college years. Note: a
recent FASCA form may be submitted in place of the information requested in this section.

<table>
<thead>
<tr>
<th>Income</th>
<th>Yr. 1</th>
<th>Yr. 2</th>
<th>Yr. 3</th>
<th>Yr. 4</th>
<th>Expenses</th>
<th>Yr. 1</th>
<th>Yr. 2</th>
<th>Yr. 3</th>
<th>Yr. 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Savings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tuitions &amp; Books</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>From Employment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Room Rent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>From Loans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>From Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Clothing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>From Scholarships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>All Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SHERWOOD & EVELYN KRESIN MEMORIAL SCHOLARSHIP  
ACADEMIC PREPARATION

High School attending: __________________________________________________________

Address: ______________________________________________________________________

______________________________________________________________________________

Phone Number: (___) __________________________

ACT Score: ________________________   SAT Score: ________________________________

Class Rank: ___________ out of ___________ Grade Point Average ________ out of ________

                               (number)              (class size)                         (number)          (maximum)

High School Academic Honors:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

College I plan to attend: __________________________________________________________

Address: ______________________________________________________________________

______________________________________________________________________________

College Phone Number: (     )____________

Major Field of Study: ___________________________________________________________

Minor Field of Study: ___________________________________________________________

Academic Status as of next Sept: ____________________________ (Freshman, Sophomore, Junior, Senior)

College Academic Honors:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Offices Appointed/Elected to: ________________________________________________

year to year

year to year

year to year

Grade Point Average: ________________________ out of ______________________________

                               (number)              (maximum)

Extracurricular school related interests and activities: ________________________________
SHERWOOD & EVELYN KRESIN MEMORIAL SCHOLARSHIP

In the space below or on attached sheet, please provide brief narrative about your plans for the future:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

References: Please submit three references. Two of the references must be from professors knowledgeable about your academic studies, or high school teachers, depending on your present academic status.

I authorize the school in which I am enrolled in academic year 20   - 20   to disclose to the Scholarship Chairman of the Illinois Masonic Scottish Rite Scholarship Fund any and all matters pertaining to my financial situation, aid and grades.

_________________________________________  _______________________________
Date                                              Signature

RETURN BY APRIL 1ST TO:
Valley of Springfield, AASR
1020 Rickard Road
Springfield, IL  62704-1096
SHERWOOD & EVELYN KRESIN MEMORIAL SCHOLARSHIP
Professional Letter of Recommendation
As a courtesy the applicant should complete this top information for the evaluator.

Name of Applicant: ________________________________ Social Security # ________________

<table>
<thead>
<tr>
<th></th>
<th>Upper 5%</th>
<th>Upper 10%</th>
<th>Upper 25%</th>
<th>Upper 50%</th>
<th>Lower 50%</th>
<th>No Basis for Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual achievement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imagination / creativity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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:
   Valley of Springfield, AASR
   1020 Rickard Road
   Springfield, IL  62704-1096
SHERWOOD & EVELYN KRESIN MEMORIAL SCHOLARSHIP

Professional Letter of Recommendation

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

Name of Applicant: ___________________________________ Social Security #__________

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

<table>
<thead>
<tr>
<th></th>
<th>Upper 5%</th>
<th>Upper 10%</th>
<th>Upper 25%</th>
<th>Upper 50%</th>
<th>Lower 50%</th>
<th>No Basis for Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual achievement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imagination / creativity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 provide 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:

Valley of Springfield, AASR
1020 Rickard Road
Springfield, IL  62704-1096
SHERWOOD & EVELYN KRESIN MEMORIAL SCHOLARSHIP
Personal Letter of Recommendation

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

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. You may record your recommendation below, on the reverse side or attach additional document to this form.

Name _________________________________Signature________________________________
Position__________________________       Address___________________________________
______________________________________________________________________________
Relationship to Applicant_____________________________Date________________________

Please return this letter of recommendation by April 1, to:
Valley of Springfield, AASR
1020 Rickard Road
Springfield, IL  62704-1096