ILLINOIS MASONIC SCOTTISH RITE SCHOLARSHIP FUND

APPLICATION FOR THE

A. C. WILSON NURSING FELLOW

QUALIFICATIONS:

The applicant must reside in the State of Illinois and must have a 3.0 grade point average out of a 4.0 to apply.

The applicant must have completed all undergraduate courses and hold an undergraduate degree from an accredited college or university. The applicant must be pursuing a graduate degree in pediatric nursing or in some other phase of nursing.

The scholarship will be paid to your credit to your college financial officer in two installments, fall and spring academic semesters.

We must receive your application, official college transcript and letters of recommendation by **April 1**st of the year you are applying for the scholarship.

The A. C. Wilson Nursing Fellow will be awarded at the discretion of the Board of Directors of the Illinois Masonic Scottish Rite Scholarship Fund.

This Scholarship will be awarded without regard to sex, race, religion, age or handicap.

Send the completed application, official transcripts and letters of recommendation to:

Valley of Springfield, AASR Attn: Executive Secretary 1020 Rickard Road Springfield, IL 62704-1096

	(First)	(Middle)
Home Address:		
(City)	(State)	(Zip)
Phone Number: ()	S.S. #:	
**********	************	******
Father's Name:	Mother's Name:	
Position:	Position:	
Annual Income: \$	Annual Income: \$	
Number of Dependents in Family	7:	
rvame of Spouse.		
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Position:	Annual Income: \$ ******************* ncome and expenses for the time it w Expenses Tuition/Books: Room Rent: Meals:	**************************ill take you to ea
Position:		****************ill take you to ea

ACADEMIC PREPARATION

College to be attended:
Address:
Major Field of Study:
Minor Field of Study:
Degrees earned to date:
Grade Point Average:
Academic Honors:
Other Honors Achieved:
Positions Appointed or Elected:
EMPLOYMENT HISTORY
Place of Employment:
Employer's Name:
Term of Employment:
Duties:

Place of Employment:
Employer's Name:
Term of Employment:
Duties:

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:		
	rences. Two references must be professors studies and one must be a personal reference.	
	enrolled in academic year and to disclose llinois Masonic Scottish Rite Scholarship Fund any and situation, aid and grades.	
(Date)	(Signature)	

PLEASE RETURN BY APRIL 1ST TO:

Valley of Springfield, AASR Attn: Executive Secretary 1020 Rickard Road Springfield, IL 62704-1096