

APPLICATION FOR ABBOTT SCOTTISH RITE SCHOLARSHIP AID

Application to be personally completed by applicant, submitted in duplicate and received by April 1st in Valley Secretary's Office. Any application received after that date cannot be considered for the ensuing academic year.

Return to Valley Secretary:

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

(please type or print)

Last Name:	First Name:	MI:	Date of Birth:
Home Street Address:		Telephone:	
Home City, State, Zip:			
Email:			
1. Father's Name:		Occupation: _	
2a. Mother's Name:		Occupation: _	
2b. Mother's or Father's	address (if different than above):		
3a. Is your father a Maste	er Mason (Yes or No)?		
3b. Is your father a Scott	ish Rite Mason (Yes or No)?		
	If Yes, Valley:	Member No:	
3c. Is your grandfather a	Master Mason (Yes or No)?		
3d. Is your grandfather a	Scottish Rite Mason (Yes or No)?		
	If Yes, Valley:	Member No:	
3e. If grandfather is a Sco	ottish Rite Mason, indicate name:		
3f. Are you a graduate of	the 32° Masonic Learning Center?	Director:	
4a. To what youth organi	ization affiliated with Freemasonry do (have	you belong(ed)? (DeM	Molay, Rainbow/ Job's Daughters, other)?
4b. To what other non-sc	chool related groups do you belong?		
4c. State briefly your ext	racurricular school-related interests and acti	vities?	
5a. Name of accredited s	chool to be attended:	Majo	or:
5b. Address of school:			

6. Student Social Security Number: 7. Which Class will you be entering? —

8. Adjusted Gross Family Income as reported to the IRS:					
9. Indicate amount of aid anticipated from sources other than family (grant, loan, job, other scholarship):					
10. Provide an estimate	of yearly financial needs:	11. Present Sources of Income for School:			
Tuition:	\$	Job:\$			
Maintenance:	\$	Loan: \$			
Other:	\$	Scholarship: \$			
Total:	\$	Grants: \$			
		Other Revenues: \$			
1 7		Total: \$			
Vocation:					
12a. For what career ar	e you planning?				
12b. If Undecided, indicate possible choices:					
13a. How many children in your family? Ages:					
13b. How many children in your family are attending college:					
14. Additional Information you wish to be considered:					
15. Previous Abbott Scholarship recipient? (years) Or New Applicant: (yes)					
Please submit the foldocumentation with (in duplicate):		 a. Most current copy of high school or college transcript b. At least one confidential letter or recommendation from an instructor, counselor or advisor c. Most current copy of FAFSA form d. Copies of SAT, ACT or GRE results 			
I believe the foregoing statements to be accurate. I hereby pledge any Abbott Scholarship monies awarded to me will be used strictly for college expenses such as tuition, supplies and room and board.					
Date:	Applicant Signature	:			
Abbott Scottish Rite Sc financial need, and self	cholarship aid is a gift, not a help. Checks will be issued	loan, and can be based on academic achievement, participation in worthwhile activities, by August 1st to successful applicants drawn payable to the student recipient.			
DEPUTY AND COMM Approved by the Valley					
Approved by the State Committee (name & date):					
Approved by the Deputy (name & date):					
Amount granted: Payable to: Payable to:					
Check to be sent (select)	: Deputy:	State Selectman Committee: or Valley Secretary:			