GRAND LODGE OF ILLINOIS, A. F. & A. M. Scholarship Program

Dear Candidate:

The Illinois Masonic Scholarship application is an integral part of the new program that the Grand Lodge of A. F. & A. M. of Illinois is sponsoring. We thank you for your interest in our scholarship and wish you well in your educational endeavors.

Please complete the application and mail to the Ancient Accepted Scottish Rite Scholarship Chairman listed on the accompanying sheets by APRIL 1, without fail.

A screening committee will review the application during the month of June and will select successful candidates for the school year commencing August or September.

Successful candidates will be notified by letter from the Grand Lodge. All applications will be kept on file for one year and remain the property of the Grand Lodge.

The payments for the scholarship will be mailed to the college or university where you have been accepted. The payments will be made in two installments; the first check will be mailed by August 7 for the first semester and the second by December 31.

The scholarship will be renewed providing you maintain a 3.0 (B) average and maintain 14 semester hours per semester. A transcript from your school will be required at the end of each grading period. Summer sessions are not included, but your grade point average may be considered in your academic standing for eligibility in this scholarship. The decision to renew or not renew scholarships will be determined by a special committee assigned to review all situations.

Thank you for your interest in our scholarship and good luck in the future.

Valley of Springfield, AASR 1020 Rickard Road Springfield, IL 62704-1096



- Application -

GENERAL INFORMATION

- 1. The applicant must reside in the State of Illinois and have a 3.0 (B) grand point average on a 4.0 scale from an accredited school or approved home school.
- 2. Eligibility for continuance of this scholarship rests with the student. It is the responsibility of each successful candidate to submit an official transcript or grade slip at the end of each semester. A, B, average for 14 semester hours (minimum) or more must be maintained to remain eligible for the second semester.
- 3. The scholarship will be paid to your approved college or university in two installments, fall and spring. The check will be made payable to the school for \$500.00 each semester.
- 4. We must receive your application **COMPLETE** (including one letter of a personal nature and two from a professional source) by **APRIL 1** of the year you are applying for the scholarship.
- 5. A committee will review all applications and make a determination by **JUNE 30**.
- 6. This scholarship will be awarded without regard to sex, race, religion, age, or handicap. The award will consider, however, the Masonic relationship and financial need of the applicant and their family. The father, brother, grandfather, or uncle of the applicant must be a Master Mason in Illinois in good standing or have been at the time of his death.

(SCHOLARSHIP PACKET SHOULD INCLUDE THE FOLLOWING)

- \Rightarrow Grand Master's letter
- \Rightarrow General Information and Qualification sheet
- \Rightarrow Grand Lodge of A. F. & A. M. of Illinois Scholarship Application
 - 1. Financial Statement
 - 2. Record of High School Attendance
- \Rightarrow Professional Letter of Recommendation, Teacher, Counselor, etc., two required



Name:				
Last	First	Middle		Social Security No.
Home Address				
		Street (include PO Box or Apt #)	
			Phone:	
City	State	Zip		(include area code)
Father's Name:			Occupation:	
Mother's Name:			Occupation	
			Occupation.	
Is your father an Illinois	Mason? Yes	□ No □		
If ''yes'', give the name, 1	number and locati	on of his lodge		
i yes , give the hame, i	number and locati	on of my louge.		
Name of I	adae	Lodge No.	City	Where Lodge is Located
Tunic of 1	Jouge	Louge 110.	Cuy	Where Louge is Localea
Name of I	Lodge	Lodge No.	City	Relationship Where Lodge is Located
Have you selected a colle	ege or university fo	or next year? Year?	es 🗆 No	
If ''yes'', give the name o	of the school and a	ddress below:		
	Name of School			Location of School
What will be your major	• field of Study? _			
What are your career go	als? (succinctly)			



FINANCIAL NEED

Annual Gross Income Range of Father: (mark with an "X")

	\$20,000 -	\$30,000
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- \$30,000 \$40,000
- \$40,000 \$50,000
- \$50,000 \$60,000
- **\$60,000 Over**

Annual Gross Income Range of Mother: (mark with an "X")

\Box	\$20,000 - \$30,000
	\$30,000 - \$40,000
	\$40,000 - \$50,000
	\$50,000 - \$60,000
	\$60,000 - Over

What are your estimated expenditures for next school year?

Name

Name	Brother/Sister	School Attending
If "yes" to above, give name and whe	re they attend.	
Do you have other siblings in college	at this time? Yes	No
(Include: Room, Board, Tuition, Boc	$f(x) = \frac{1}{2} \int \frac{1}{2} 1$	

Brother/Sister

School Attending

List any extenuating circumstances that warrant attention at this time that would increase your financial need through scholarships? (Medication, family illness, handicaps, bankruptcy, etc.)

High School Attending/Atten	nded			Jame of School	
Street Address				City, State & Zip	
Your Present Status: (Circle	e One)	Junior	Senior	Graduate	
AS OF THIS DATE:	Wha	t is your class	rank?		
	Wha	t is your Grade	e Point Average?		
	Wha	t is your ACT	Score?		
	Wha	t is your SAT	Score?		
THE ABOVE INFORMA' THE SCHOOL YOU AT THE ABOVE DATE. (Tra	FENDEI). PLEASE			
Have you received any acade	emic hon	ors in high sch	ool/college?	Yes	No
(if ''yes'',	please list	those honors.	Attach additional	pages if necessary.)	
Additional information that acceptance for this scholarsh		the committe	e to consider tha	at may be helpful ir	determining your
	(U	se additional p	pages if necessa	ry.)	
THE AFOREMENTIC	ONED IN	FORMATIO	N IS TRUE TO	THE BEST OF N	IY ABILITY.
Signed this	day	of		, 20	
Signature of Applic	cant:				



PROFESSIONAL LETTER OF RECOMMENDATION

(two required)

Name of Applicant:

Type or Print Clearly

Please rate the applicant. Compare with others of like age and position. Mark appropriate column with an "X".

Rate the Below Listed Performance	Upper 5%	Upper 10%	Upper 25%	Lower 50%	No Basis for Judgement
Academic Achievement					
Oral Expression					
Written Expression					
Working with Others					
Emotional Maturity					
Attitude toward Authority					

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

Name:	Signature:
Name of School:	
School Address:	
Street	City, State & Zip
Your position in above school:	
How long have you know the applicant prof	fessionally?
PLEASE RETURN DIRECTLY TO:	Valley of Springfield, AASR Attn: Executive Secretary

1020 Rickard Road

Springfield, IL 62704-1096



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