

**LOUIS L. WILLIAMS MEMORIAL FUND
SCHOLARSHIP APPLICATION**

To qualify, the applicant 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 attend Illinois Wesleyan University at Bloomington, Illinois.

The applicant must have one of the following relatives who is or was, if deceased, a member in good standing on an Illinois Scottish Rite Valley: father, grandfather, brother or uncle.

The scholarship will continue for as long as the recipient is enrolled as a full-time undergraduate student at Illinois Wesleyan University. 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 will also be terminated if the recipient changes institutions.

The scholarship check will be forwarded in August to Illinois Wesleyan University to be credited to the recipient's account.

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 will become the property of the Scottish Rite.

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

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

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

LOUIS L. WILLIAMS MEMORIAL SCHOLARSHIP FUND

Dear Applicant,

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 1st**.

On the back of the application form is a request for a statement about yourself. 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,

Valley of Springfield, AASR

Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street)

(City) (State) (Zip Code)

Phone Number: _____ S.S. #: _____

Name of Scottish Rite Relative: _____
____ Grandfather ____ Father ____ Uncle ____ Brother
(Check one)

Relative affiliated with which Scottish Rite Valley – Valley of _____

MASONIC YOUTH ORGANIZATIONS

To which youth organization affiliated with Freemasonry do/have you belonged? (DeMolay, Rainbow/Job's Daughters, others).

_____ years _____ to _____ years _____ to _____

ACADEMIC PREPARATION

If you are a high school student fill out Section A.

SECTION A

High School attending: _____

Address: _____

ACT Score: _____ SAT Score: _____

Class Rank _____ out of _____
(number) (class size)

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

Academic Honors: _____

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

Extracurricular school related interests and activities: _____

Please send an official copy of your high school transcript, a copy of your ACT/SAT score, two letters of recommendation from teachers and a personal recommendation by **April 1st**.

SECTION B – MUST BE COMPLETED

College to be attended/enrolled: _____

Address: _____

Major Field of Study: _____

Minor Field of Study: _____

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

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 1st**.

LOUIS L. WILLIAMS MEMORIAL FUND

Professional Letter of Recommendation

This section to be completed by the Applicant:

Name of Applicant: _____ Social Security #: _____

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 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 _____

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

LOUIS L. WILLIAMS MEMORIAL FUND

Professional Letter of Recommendation

This section to be completed by the Applicant:

Name of Applicant: _____ Social Security #: _____

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

Table with 7 columns: Intellectual achievement, General knowledge, Oral expression, Written expression, Working with others, Emotional maturity, Imagination / creativity. Columns 2-6 are rated: Upper 5%, Upper 10%, Upper 25%, Upper 50%, Lower 50%. Column 7 is No Basis for Judgment.

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 _____

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

LOUIS L. WILLIAMS MEMORIAL FUND
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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