ROBERT B. PERKINS 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 have on of the following relatives, who is or was, if deceased, a member in good standing of 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 an accredited institution of higher learning. However, it will be terminated at the end of the semester during which the recipient's grade point average is no a B or higher. It may also be terminated if the recipient changes institutions or his/her program without consent.

The scholarship check will be forwarded to the student's college or university to be credited to his/her account. This will be in two installments, fall and spring semesters.

This application, official high school or college transcript and letters of recommendation must be received by $\underline{\mathbf{April}\ \mathbf{1}^{st}}$ 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.

Send the completed application, official transcript(s) and letters of recommendation to:

Please return by April 1st

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

Name:(Last)			(First)	$(\mathbf{N}$	(liddle)
Home Address:_					
(City)			(State) (Zip)		(Zip)
Phone Number:		S.S. #:			
******	*****	******	******	******	******
Father's Name:			Mother's Name:		
Position:			_ Position:		
Annual Income: \$			Annual Income: \$		
Number of Depe	endents in I	Family:			
Name of Spouse	:				
Position:		_ Annual Income: \$			
******	******	******	******	******	******
Please indicate y earn your gradua	-	pated income a	and expenses for	the time it	will take you to
<u>Income</u>	Yr. 1	Yr. 2	Expenses	Yr. 1	Yr. 2
From Savings _			Tuition/Books_		
From Employment			Room Rent		
From Loans			Meals		
From Family			Clothing _		
From Scholarships			All Others		

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:(Additional information may be added on a separate sheet)				

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:				
knowledgeable about your acade	e references. Two references must be professors emic studies and one must be a personal reference. am enrolled in academic year and			
to disclose to the Scholarship Ch	nairman of the Illinois Masonic Scottish Rite atters pertaining to my financial situation, aid and			
(Date)	(Signature)			

Return by April 1st to:

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