### **GRAND LODGE OF ILLINOIS, A. F. & A. M.** Roy L. & Maxine Wyckoff Masonic Scholarship

Dear Candidate:

The Roy L. & Maxine Wyckoff 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 grand 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

# **GRAND LODGE OF A. F. & A. M. OF ILLINOIS** Roy L. & Maxine Wyckoff Masonic Scholarship



Name:				
Last	First	Middle		Social Security No.
Home Address				
		Street (include PO Box or Apt #	<i>t</i> )	
			Phone:	
City	State	Zip		(include area code)
Father's Name:			Occupation:	
Mother's Name:			Occupation:	
Is your father an Illino	ois Mason? Ye	s 🗆 No 🗆		
If "yes", give the name	e, number and loca	tion of his lodge.		
Name	of Lodge	Lodge No.	City	Where Lodge is Located
If answer to above is ''	'no" what family n	aomhar is an Illinais N	lacan & what l	adaa daas ha halana?
II allswel to above is	no , what failing h			buge does ne belong.
Name:				
				Relationship
N	of Lodge			When I do is I and I
Name	oj Loage	Lodge No.	Cuy	Where Lodge is Located
Have you selected a co	llege or university	for next year? Y	es 🗆 No	
If ''yes'', give the name	e of the school and	address below:		
	Name of School			Location of School
What will be your maj	jor field of Study?			
What are your career	goals? (succinctly)			



### FINANCIAL NEED

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

$\Box$	\$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")

	\$20,000 - \$30,000
$\Box$	\$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	Brother/Sister		School Attending	
Name	Brother/Sister		School Attending	
If "yes" to above, give name and wher	e they attend.			
Do you have other siblings in college a	at this time?	Yes	No	
(Include: Room, Board, Tuition, Book	ks, Fee, Etc.)	\$		

Name

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.)

Brother/Sister

High School Attending/Attend	ded			Name of School	
Street Addre	255		· · · · · · · · · · · · · · · · · · ·	City, State & Zip	
Your Present Status: (Circle	One)	Junior	Senior	Graduate	
AS OF THIS DATE:	What	is your class	rank?		
	What is your Grade Point Average?				
	What	is your ACT	Score?		
	What	is your SAT	Score?		
THE ABOVE INFORMAT THE SCHOOL YOU ATT THE ABOVE DATE. (Tran	ENDED	. PLEASE			
Have you received any acader	mic honc	ors in high sch	ool/college?	Yes	No
(if ''yes'', p	lease list	those honors.	Attach additional	l pages if necessar	y.)
Additional information that y acceptance for this scholarshi		the committe	e to consider the	at may be helpfu	l in determining your
	(Us	se additional j	pages if necessa	ry.)	
THE AFOREMENTION		-		•	F MY ABILITY.
Signed this	day o	of		, 20	
Signature of Applica	ant:				



### 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".

<b>Rate the Below</b> 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		<u> </u>			
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		
How long have you kno	ow the applicant prof	essionally?
PLEASE RETURN D	IRECTLY TO:	Valley of Springfield, AASR

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



### 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:	City, State & Zip
Your position in above school:	
How long have you know the applicant prof	Sessionally?
PLEASE RETURN DIRECTLY TO:	Valley of Springfield, AASR Attn: Executive Secretary 1020 Rickard Road Springfield, IL 62704-1096