ILLINOIS MASONIC SCOTTISH RITE SCHOLARSHIP FUND HEALTH CARE SCHOLARSHIP APPLICATION

To qualify, the applicant/scholar 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 intend to enter the field of health care. Health care includes (but is not limited to) nursing, physical or occupational therapy, radiology, anesthesiology, etc.

The applicant must attend an accredited college or university in the state of Illinois or in a state which is contiguous to Illinois.

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 not 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 in August to the student's college or university to be credited to his/her account.

This application, official high school or college transcript, and letters of recommendation must be received by April 1 of the year in which the application is made. The aforementioned documents will become the property of the Scottish Rite.

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

The scholarship will be awarded without regard to race, gender, religion, age or handicap.

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

RETURN BY APRIL 1ST TO:

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

ILLINOIS MASONIC SCOTISH RITE SCHOLARSHIP FUND HEALTH CARE SHCOLARSHIP APPLICATION

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 1**st.

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 Father:	Mother	
Position:	Position:	
Annual Income:	Annual Income:	
Number of Dependents in Family:		
**********	*********	********
Name of Spouse:		
Position:	Annual Income	:
***********	**********	*********
Please indicate your anticipated incom	e and expenses for the enduing	g college years:

Income	Yr. 1	Yr. 2	Yr. 3	Yr. 4	Expenses	Yr. 1	Yr. 2	Yr. 3	Yr 4
From Savings					Tuitions & Books				
From Employment					Room Rent				
From Loans					Meals				
From Family					Clothing				
From Scholarships					All Others				
TOTAL					TOTAL				

ACADEMIC PREPARATION SECTION A

Address:		
ACT Score: SAT Score:		
Class Rank: out of Grade Point Average _	(number)	out of(maximum)
Academic Honors:		
SECTION B – MUST BE COMPLETED		
College I plan to attend:		
Address:		
Major Field of Study:		
Minor Field of Study:		
Academic Status as of next Sept:(Freshman, Sophomore, Junior, Senior)		
Academic Honors:		
Offices Appointed/Elected to:	_year	to
	_year	to
	_year	to
Grade Point Average: out of	(maxir	num)
Extracurricular school related interests and activities:		

Please send an official copy of your academic transcript, two references from professors and a personal recommendation by $\mathbf{April}\ \mathbf{1}^{st}$.

Give a brief narrative about why you have chosen to enter this career field:
References: Please submit three references. Two of the references must be from professors knowledgeable about your academic studies, or high school teachers, depending on your present academic status.
I authorize the school in which I am enrolled in academic year 20 20 to disclose to the Scholarship Chairman of the Illinois Masonic Scottish Rite Scholarship Fund any and all matters pertaining to my financial situation, aid and grades.
Date Signature RETURN BY APRIL 1 ST TO:

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ILLINOIS MASONIC SCOTISH RITE SCHOLARSHIP FUND HEALTH CARE SCHOLARSHIP APPLICATION

Professional Letter of Recommendation

Name of Applicant:				Social Security #			
******	*****	******	******	******	******	*******	
Please rate the applicant	. Compare	with other	rs of like a	ge and pos	sition.		
	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 ov comparable education lev upperpercent.							
In addition, please write a ability to pursue studies a pertinent information is withan general praise. Name	and to achie aluable, bu	eve professi at an evalua	onal succe tion of stre	ess in his or engths and ture	r her chosei weaknesse	n field. Any s is more helpful	
ability to pursue studies a pertinent information is with than general praise. Name Position	and to achie aluable, bu	eve professi at an evalua	onal succe tion of stre Signat	ess in his or engths and ture	r her chosei weaknesses	n field. Any s is more helpful	
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ILLINOIS MASONIC SCOTTISH RITE SCHOOLARSHIP FUND HEALTH CARE SCHOLARSHIP APPLICATION

Personal Letter of Recommendation

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