

# **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 be enrolled in an accredited college or university on a full-time basis and intend to enter the field of health care. Health care includes (but is not limited to) nursing, physical or occupational therapy, radiology, anesthesiology, etc.

At the end of each semester scholarship recipients are to forward a copy of their semester's grade report to the Scholarship Chairman. Scholarship recipients desiring to renew their scholarships for the ensuing year must forward a letter of intent indicating their status for the next year and their anticipated date of graduation. This information must be submitted by April 1.

The scholarship may be granted and 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 acknowledgement of the Scholarship Chairman.

The scholarship award will be forwarded in August to the student's college or university to be credited to his/her account.

The last page of this application is a request for a statement about yourself. Share with the committee as much about yourself as you wish. The information you provide will greatly assist the committee in making our decision on your application for a scholarship. Neatness is important as the committee cannot evaluate what they cannot read. We wish to assist you as you strive for additional formal education and for our continued support you must conform to the third paragraph of this application

This application, an 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 scholarship will be awarded at the discretion of the Scholarship Committee and without regard to race, gender, religion, age or handicap.

This application, an official transcript and letters of recommendation should be forwarded by April 1, to:

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

**ILLINOIS MASONIC SCOTISH RITE SCHOLARSHIP FUND  
HEALTH CARE SCHOLARSHIP APPLICATION**

Name: \_\_\_\_\_  
(Last)
(First)
(Middle)

Home Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)
(State)
(Zip Code)

Phone Number: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Special Note: Request for financial information below may be omitted if a copy of the FAFSA form is submitted.

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 income and expenses for the ensuing college years. Note, a recent FAFSA report may be submitted in place of the following section regarding income and expenses.

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

**HEALTH CARE SCHOLARSHIP APPLICATION**  
**ACADEMIC PREPARATION**

High School attending: \_\_\_\_\_

Address: \_\_\_\_\_

High School Phone Number: (\_\_\_\_) \_\_\_\_\_

ACT Score: \_\_\_\_\_ SAT Score: \_\_\_\_\_

Class Rank: \_\_\_\_\_ out of \_\_\_\_\_ Grade Point Average \_\_\_\_\_ out of \_\_\_\_\_  
(number) (class size) (number) (maximum)

Academic Honors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

College I plan to attend: \_\_\_\_\_

Address: \_\_\_\_\_

College Phone Number: ( ) \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

Minor Field of Study: \_\_\_\_\_

Academic Status as of next Sept: \_\_\_\_\_

(Freshman, Sophomore, Junior, Senior)

College Academic Honors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Offices Appointed/Elected to: \_\_\_\_\_ year \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ year \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ year \_\_\_\_\_ to \_\_\_\_\_

Extracurricular school related interests and activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HEALTH CARE SCHOLARSHIP APPLICATION

In the space below or on an attached sheet, please provide brief narrative about your plans for the future:

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**References:** Please submit three recommendations—they may be forwarded directly to our Scholarship Chairman listed below. 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

Please submit this application by April 1, to:  
Valley of Springfield, AASR  
1020 Rickard Road  
Springfield, IL 62704-1096

# ILLINOIS MASONIC SCOTISH RITE SCHOLARSHIP FUND HEALTH CARE SCHOLARSHIP APPLICATION

## Professional Letter of Recommendation

This section to be completed by the Applicant as a matter of convenience for the evaluator:

Name of Applicant: \_\_\_\_\_ Social Security # \_\_\_\_\_

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*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 provide 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 \_\_\_\_\_ Date \_\_\_\_\_

Please return this recommendation by April 1, to:

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

**ILLINOIS MASONIC SCOTISH RITE SCHOLARSHIP FUND  
HEALTH CARE SCHOLARSHIP APPLICATION**

**Professional Letter of Recommendation**

This section to be completed by the Applicant as a matter of convenience for the evaluator:

Name of Applicant: \_\_\_\_\_ Social Security # \_\_\_\_\_

\*\*\*\*\*

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

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General assessment of overall academic ability:

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In addition, please provide 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 \_\_\_\_\_ Date \_\_\_\_\_

Please return this recommendation by April 1, to:  
Valley of Springfield, AASR  
1020 Rickard Road  
Springfield, IL 62704-1096

**ILLINOIS MASONIC SCOTTISH RITE SCHOLARSHIP FUND  
HEALTH CARE SCHOLARSHIP APPLICATION  
Personal Letter of Recommendation**

This section to be completed by the Applicant as a matter of convenience for the evaluator:

Name of Applicant: \_\_\_\_\_ Social Security # \_\_\_\_\_

Please provide 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. You may record your recommendation below, on the reverse side or attach additional document to this form.

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Name \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please return this recommendation by April 1, to:  
Valley of Springfield, AASR  
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Springfield, IL 62704-1096