

HARRY F. WILSON MEMORIAL SCOTTISH RITE SCHOLARSHIP

GENERAL:

- 1) Shall be known as the Harry F. Wilson Memorial Scottish Rite Scholarship.
- 2) The selection Committee shall consist of an officer of each co-ordinate body designated by the Presiding Officer of each body and the Secretary.
- 3) The Selection Committee shall recommend the recipient for the Commander-In-Chief's approval.

ELIGIBILITY

- 1) **Must be a resident of Sangamon County.**
- 2) **Father is a member in good standing of the Valley of Springfield, AASR of the Northern Masonic Jurisdiction, or was at his death.**
- 3) **An academic diploma from a high school.**
- 4) Need not have been a member of DeMolay, Job's Daughters or International Order of Rainbow for Girls.
- 5) Scholarship may be used in any accredited college, university, accredited vocational School, or any vocational program approved by the Selection Committee.

APPLICATION

- 1) Applications shall be given to the Selection Committee without the applicant's name on it.
- 2) **Applications shall be due April 1st.**
- 3) Selection shall be made before June 20th.

PROCEDURES

- 1) At the end of each final grade period it is the responsibility of the recipient to have Registrar, or appropriate officer, attest that the recipient is not on academic or disciplinary probation.
- 2) The entire amount of the scholarship **shall be deposited with the school after August** of each year or at the registration of the student and shall cover the tuition, Fees and books of the recipient due before the following August. Any money left shall be returned to the trustee before the next payment is made.
- 3) No money shall be given directly to the recipient in advance of expenditures.
- 4) The Selection Committee shall use the following criteria for selection in the stated order:
 - A) Academic proficiency in the projected program
 - B) Financial need
 - C) Contributions to the extra-curricular life of the High School

APPLICATION MUST BE RETURNED BY APRIL 1ST

**Valley of Springfield, AASR
Attn: Scholarship Chairman
1020 Rickard Road
Springfield, IL 62704-1096**

**HARRY F. WILSON MEMORIAL
SCOTTISH RITE SCHOLARSHIP
APPLICATION**

NAME: _____ AGE: _____

ADDRESS: _____

_____ PHONE: (____) _____

FATHER'S NAME: _____

FATHER'S MASONIC LODGE: _____

HIGH SCHOOL: _____

SCHOOL IN WHICH YOU HAVE BEEN ACCEPTED: _____

PROGRAM YOU PLAN TO PURSUE: _____

PROJECTED OCCUPATION: _____

FATHER'S OCCUPATION: _____

MOTHERS OCCUPATION: _____

HIGH SCHOOL MAJORS: _____

HIGH SCHOOL MINORS: _____

EXTRA-CURRICULAR ACTIVITIES: _____

JOBS YOU HAVE HELD DURING HIGH SCHOOL AND APPROXIMATE SALARIES IN EACH: _____

MONEY YOU HAVE SAVED FOR YOUR FUTURE EDUCATION: _____

TWO REFERENCES, ONE OF WHOM IS A TEACHER IN YOUR HIGH SCHOOL MAJOR:

BROTHERS AND SISTERS BY AGE AND ACADEMIC LEVEL:

AGE	SCHOOL GRADE	ARE THEY PLANNING POST-HIGH SCHOOL EDUCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STUDENT'S STATEMENT AS TO WHY HE FEELS HE SHOULD RECEIVE THIS SCHOLARSHIP:

**RETURN BY APRIL 1ST TO:
Valley of Springfield, AASR
Attn: Scholarship Chairman
1020 Rickard Road
Springfield, IL 62704-1096**