

SHERWOOD & EVELYN KRESIN MEMORIAL SCHOLARSHIP APPLICATION

Scholarship applicants must reside in the state of Illinois and must have a cumulative grade point average (GPA) of at least 3.0 (B) on a scale of 4 or a 4.0 (B) on a scale of 5.

Scholarships will be awarded only to students enrolled in an accredited college or university on a full-time basis.

Scholarship eligibility shall be based primarily on scholastic merit as evidenced by academic performance. Applicants shall be judged equitably without regard to race, ethnicity, religion, gender, age or handicap.

Scholarship applicants may pursue any academic field of undergraduate or graduate study without restriction. Scholarships may be awarded for a maximum of four years.

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

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.

Scholarships will be awarded or renewed at the discretion of the Scholarship Committee.

Scholarship awards will be forwarded each year to the recipient's college or university to be credited to his or her tuition and fees account.

The last page of this application is a request for a statement about yourself. Share with us as much about yourself as you wish. The information you provide will greatly assist the scholarship committee in making their 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 guidelines of this application.

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

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

SHERWOOD & EVELYN KRESIN MEMORIAL SCHOLARSHIP

Name: _____
 (Last) (First) (Middle)

Home Address: _____
 (Street)

 (City) (State) (Zip Code)

Phone Number: (_____) _____ SS#: _____

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: _____

Name of Spouse: _____

Position: _____ Annual Income: _____

Number of Dependents in Family: _____

Please indicate your anticipated income and expenses for the ensuing college years. Note: a recent FASCA form may be submitted in place of the information requested in this section.

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				

**SHERWOOD & EVELYN KRESIN MEMORIAL SCHOLARSHIP
ACADEMIC PREPARATION**

High School attending: _____

Address: _____

_____ Phone Number: (____) _____

ACT Score: _____ SAT Score: _____

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

High School 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 _____

Grade Point Average: _____ out of _____
(number) (maximum)

Extracurricular school related interests and activities: _____

SHERWOOD & EVELYN KRESIN MEMORIAL SCHOLARSHIP

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

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 1ST TO:
Valley of Springfield, AASR
1020 Rickard Road
Springfield, IL 62704-1096

SHERWOOD & EVELYN KRESIN MEMORIAL SCHOLARSHIP

Professional Letter of Recommendation

As a courtesy the applicant should complete this top information for the evaluator.

Name of Applicant: _____ Social Security # _____

	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						

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

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 write 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 _____ Dates _____

Date _____

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

SHERWOOD & EVELYN KRESIN MEMORIAL SCHOLARSHIP

Professional Letter of Recommendation

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Name _____ Signature _____

Position _____ Address _____

Relationship to Applicant _____ Dates _____

Date _____

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1020 Rickard Road
Springfield, IL 62704-1096

SHERWOOD & EVELYN KRESIN MEMORIAL SCHOLARSHIP
Personal Letter of Recommendation

As a courtesy the applicant should complete this top information for the evaluator.

Name of Applicant _____

Social Security Number _____

Please write 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.

Name _____ Signature _____

Position _____ Address _____

Relationship to Applicant _____ Date _____

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