

ROBERT B. PERKINS MEMORIAL FUND SCHOLARSHIP APPLICATION

To qualify, the applicant must reside in the state of Illinois and must have a 3.0 (13) grade point average on a scale of 4.0 or a 4.0 (13) on a scale of 5.0. The applicant must attend an accredited college or university in the state of Illinois or in a state which is contiguous to Illinois.

The applicant must have one of the following relatives who is or was, if deceased, a member in good standing of an Illinois Scottish Rite Valley: father, grandfather, brother or uncle.

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

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

Scholarship Committee
Valley of Moline, AASR
1800 - 7th Ave
Moline, IL 61265

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

Home Address: _____
(Street)

(City) (State) (Zip Code)

Phone Number _____ S.S.# _____

Name of Scottish Rite Relative: _____
 Grandfather Father Uncle Brother
(Check one)

.....
Masonic Youth Organizations
To which youth organization affiliated with Freemasonry do/have you belonged? (DeMolay, Rainbow/Job's Daughters, others).
_____ years _____ to _____ years _____ to _____

What offices have you been appointed/elected to in these organizations.
_____ years _____ to _____ years _____ to _____

.....
ACADEMIC PREPARATION
If you are a high school student fill out Section A

SECTION A

High School attending: _____

Address: _____

ACT Score: _____ SAT Score: _____

Class Rank: _____ out of _____

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

Academic Honors: _____

Offices Appointed / Elected to: _____ year _____ to _____
_____ year _____ to _____
_____ year _____ to _____

Extracurricular school related interests and activities: _____

Please send an official copy of your high school transcript, a copy of your ACT/SAT score, two letters of recommendation from teachers and a personal recommendation by **April 1**.

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, etc.)

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: _____

Please send an official copy of your academic transcript, two references from professors and a personal recommendation by **April 1**.

ROBERT B. PERKINS MEMORIAL SCHOLARSHIP FUND

Dear

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.

On the back of the application form is a request for a statement about you. 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,

Lauren Crawford
Scholarship Chairman
Valley of Moline, AASR
1800 - 7th Ave
Moline, IL 61265

ROBERT B. PERKINS MEMORIAL FUND
Personal Letter of Recommendation

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This section to be completed by the Applicant:

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.

Name _____ Signature _____

Position _____ Address _____

Relationship to Applicant _____ Dates _____

Date _____

RETURN TO:

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Valley of Moline, AASR
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Moline, IL 61265

ROBERT B. PERKINS MEMORIAL FUND
Professional Letter of Recommendation

This section to be completed by the Applicant:

Name of Applicant _____ Social Security Number _____

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 known 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 _____

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