

## **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 that 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:

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



**ACADEMIC PREPARATION**

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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**.



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

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

**ILLINOIS MASONIC SCOTTISH RITE SCHOLARSHIP FUND  
HEALTH CARE SCHOLARSHIP APPLICATION  
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 \_\_\_\_\_

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