

ROBERT B. PERKINS MEMORIAL FUND SCHOLARSHIP APPLICATION

To qualify, the applicant 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 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 may be granted and may continue for as long as the recipient is enrolled as a full-time undergraduate student at an accredited college or university. 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.

At the end of each semester the scholarship recipient is 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 following year and their anticipated date of graduation. This information must be submitted by April 1.

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 us in making our decision on your application for a scholarship. Neatness is important as we cannot evaluate what we 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 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 will become the property of the Scottish Rite.

The scholarship will be awarded at the discretion of the Scholarship Committee and the scholarship check will be forwarded to the student's college or university to be credited to his/her account.

The completed application, official transcript(s) and letters of recommendation should be forwarded to:

Dale D. Downs, Chairman
Valley of Danville Scholarship Committee
506 Warren Avenue
Charleston, IL 61920
(217) 345-5203
dddwns@consolidated.net

ROBERT B. PERKINS SCHOLARSHIP APPLICATION

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

Home Address: _____

(City) (State) (Zip)

Phone Number: _____ S.S. #: _____

Name of Scottish Rite Relative: _____
Please check: ___ Grandfather ___ Father ___ Uncle ___ Brother

Relative affiliated with which Scottish Rite Valley of: _____

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 _____
_____ Years ___ to _____ years ___ to _____

ACADEMIC PREPARATION

High School attending: _____

Address: _____

_____ Phone Number () _____

ACT Score: ___ SAT Score: ___ Class Rank ___ out of ___ GPA ___ out of ___

Academic Honors: _____

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

Extracurricular school related interests and activities: _____

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Professional Letter of Recommendation

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

Name of Applicant: _____ Social Security # _____

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 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: Dale D. Downs, Chairman, Valley of Danville Scholarship Committee, 506 Warren Avenue, Charleston, IL 61920, (217) 345-5203, dddowns@consolidated.net

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