

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 be enrolled in an accredited college or university on a full-time basis and intend to enter the field of health care. Health care includes (but is not limited to) nursing, physical or occupational therapy, radiology, anesthesiology, etc.

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.

The scholarship may 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 of the Scholarship Chairman.

The scholarship check will be forwarded in August to the student's college or university to be credited to his/her 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 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 third paragraph of this application

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.

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 by April 1, to:

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

HEALTH CARE SCHOLARSHIP APPLICATION

ACADEMIC PREPARATION

High School attending: _____

Address: _____

_____ High School Phone Number: (____) _____

ACT Score: _____ SAT Score: _____

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

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 _____

Extracurricular school related interests and activities: _____

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Professional Letter of Recommendation

This section to be completed by the Applicant as a matter of convenience 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 provide 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 _____ Date _____

Please return this recommendation by April 1, to: Dale D. Downs, Chairman, Valley of Danville Scholarship Committee, 506 Warren Avenue, Charleston, IL 61920, (217) 345-5203, ddd downs@consolidated.net

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