

**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 full-time students (twelve semester hours or more) enrolled in an accredited college or university in the state of Illinois or in a state contiguous to Illinois.

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 4 years.

Scholarship applications must be submitted no later than **April 1st** of the year in which the scholarship is to be awarded. All applications and accompanying data such as transcripts and letters of recommendation shall become the property of the Illinois Scottish Rite Scholarship Fund.

Scholarship recipients desiring to renew their scholarships for the ensuing year must forward a letter of intent and a transcript of grades verifying continued eligibility to the Scholarship Chairman no later than **April 1st**.

Scholarships will be awarded or renewed at the discretion of the Scholarship Committee at its annual meeting in June.

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

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

**Return by April 1st to:
Valley of Peoria, AASR
Attn: Scholarship Chairman
400 N.E. Perry Ave.
Peoria, IL 61603-3679**

**SHERWOOD & EVELYN KRESIN MEMORIAL SCHOLARSHIP
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, Junior, Senior)

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 1st**.

SHERWOOD & EVELYN KRESIN MEMORIAL SCHOLARSHIP

Professional Letter of Recommendation

This section to be completed by the Applicant:

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 _____

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Professional Letter of Recommendation

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SHERWOOD & EVELYN KRESIN MEMORIAL SCHOLARSHIP
Personal Letter of Recommendation

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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