

## **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 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 no 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 to the student's college or university to be credited to his/her account. This will be in two installments, fall and spring semesters.

This application, official high school or college transcript and letters of recommendation must be received by **April 1<sup>st</sup>** 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.

Send the completed application, official transcript(s) and letters of recommendation to:

**Please return by April 1<sup>st</sup>**  
**Valley of Peoria, AASR**  
**Attn: Scholarship Chairman**  
**400 N.E. Perry Ave.**  
**Peoria, IL 61603-3679**

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 -- 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 \_\_\_

\*\*\*\*\*  
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 \_\_\_ GPA \_\_\_ out of \_\_\_

Academic Honors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Offices Appointed/Elected to: \_\_\_\_\_ year \_\_\_\_\_ 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

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**SECTION B.**

**Also fill out Section B if you are a college/university student**

College to be attended: \_\_\_\_\_

Address: \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

Minor Field of Study: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ Degrees earned to date: \_\_\_\_\_

Academic Honors: \_\_\_\_\_

Other Honors Achieved: \_\_\_\_\_

Offices Appointed/Elected to: \_\_\_\_\_ year \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ year \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ year \_\_\_\_\_ to \_\_\_\_\_

Extracurricular school related interests and activities: \_\_\_\_\_

\_\_\_\_\_

If there are circumstances not covered by this form that you want the Scholarship Committee of the Illinois Masonic Scottish Rite Scholarship Fund to consider in processing this application, please describe them below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



ROBERT B. PERKINS SCHOLARSHIP APPLICATION

**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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Name \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Dates \_\_\_\_\_

Date \_\_\_\_\_

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