

**AINAD SHRINERS
JAMES C. GROOM SCHOLARSHIP FUND**

**SCHOLARSHIP APPLICATION
GENERAL INFORMATION**

To qualify, an applicant must have been a resident in the Ainad Shriners jurisdiction for at least twenty-four (24) months prior to the application. Applications from other Illinois residents will be considered should there not be a qualified applicant from the jurisdiction of Ainad Shriners.

An applicant must be a full time student (as defined by his/her academic institution) pursuing an undergraduate degree at an accredited college or university.

An applicant must be a child, grandchild, nephew, or niece of a member in good standing (or if deceased, in good standing at the time of death) of any Shriners International affiliate.

An applicant must have a high school cumulative grade point average of at least 3.0 (B) on a four-point scale. An applicant must have scored in the upper thirty-three (33) percentile on a college entrance examination, e.g., SAT or ACT.

The scholarship check will be forwarded to the student's college or university to be credited to his/her account. Checks will be forwarded based on the academic performance of the previous semester or quarter.

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 Ainad Shriners James C. Groom Scholarship Fund.

The scholarship will be awarded without regard to race, gender, religion, age, or handicap at the discretion of the Scholarship Selection Committee at its spring meeting.

The scholarship may be renewed; however, the recipient must submit a new updated application (personal references accepted) for the ensuing academic year. The fact that an applicant was a prior recipient of the scholarship shall have no bearing on the decision to award another scholarship.

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

**AINAD SHRINERS
JAMES C. GROOM SCHOLARSHIP FUND
C/O Robert L. Cook, Chairman
609 St. Louis Avenue
East St. Louis, IL 62201-2927**

PERSONAL INFORMATION

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

Home Address: _____
(Street)

(City) (State) (Zip Code)

Phone Number: _____ S.S.# _____

Name of Shriner relative: _____
() Father () Grandfather () Uncle (check one)

The above named relative is affiliated with _____ Shrine Temple.

MASONIC YOUTH ORGANIZATIONS

To which youth organization affiliated with Freemasonry do/have you belonged to? (Demolay, Rainbow/Job's Daughters, others).

_____ Years _____ to _____ Years _____ to _____

What offices have you been appointed to in these organizations?

_____ Years _____ to _____ Years _____ to _____

FAMILY INFORMATION

Name of Father: _____ Mother _____

Position: _____ Position: _____

Annual Income: _____ Annual Income: _____

Names of Dependants in Family: _____

Name of Spouse: _____ Position: _____

ACADEMIC PREPARATION
If you are a high school student, fill out Section A

SECTION A

Name of High School: _____

Address: _____

Class Rank: _____ out of _____ Grade Point Average: _____ out of _____
(Number) (Class Size) (Number) (Maximum)

ACT Scores: _____ SAT Scores: _____ Expected Date of Graduation: _____

Academic Honors: _____

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

Please send an official copy of your high school transcript, a copy of your ACT/SAT score, and a personal recommendation (form enclosed) by April 1st.

SECTION B – MUST BE COMPLETED

College to be attended/enrolled: _____

Address of College: _____

Major Field of Study: _____

Minor Field of Study: _____

Academic Status as of next Sept.: ____ (____) Freshman ____ (____) Sophomore ____ (____) Junior ____ (____) Senior

Academic Honors: _____

Grade Point Average: _____ out of _____
(Number) (Maximum)

Extracurricular school related interests and activities: _____

**AINAD SHRINERS
JAMES C. GROOM SCHOLARSHIP FUND
Professional Letter of Recommendation**

This section to be completed by the Applicant:

Name of Applicant: _____

Address: _____

Telephone: _____ Social Security Number: _____

Please rate the applicant. Compare with other of like age and position.

	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis For Judgement
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: _____ Years Known: _____

Date: _____

RETURN TO:

**AINAD SHRINERS
JAMES C. GROOM SCHOLARSHIP FUND
C/O Robert L. Cook, Chairman
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