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 for a total of four years. The recipient must maintain a cumulative grade point average of at least 3.0 (B) on a four-point scale and submit their most recent transcripts by April 1st.

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

AINAD SHRINERS JAMES C. GROOM SCHOLARSHIP FUND Henry A. Haisch Jr., Chairman 917 Edgewood Dr. O'Fallon, IL 62269

THIS PORTION MUST BE COMPLETED TO VALIDATE THE APPLICATION

Give a brief narrative about why you have chosen to enter this career field.



References: Please submit one reference. The reference must be from a person knowledgeable about your academic studies and moral character.

I authorize the school in which I am enrolled in the 20____ - 20____ academic year to disclose to the Scholarship Committee of the Ainad Shriners James C. Groom Scholarship Fund any and all matters pertaining to my financial situation, financial aid, and grades.

PERSONAL INFORMATION

Name:		
(Last)	(First)	(Middle)
Home Address:		
	(Street)	
(City)	(State)	(Zip Code)
Phone Number:	S.S.#_	
Name of Shriner relative:		
The above named relative is affiliated with		Shrine Temple.
MASONIC To which youth organization affiliated with Fr Daughters, others). Years		onged to? (Demolay, Rainbow/Job's
What offices have you been appointed to in th	ese organizations?	
Years	to	Years to
FAN	AILY INFORMATION	
Name of Father:	Mother	
Position:	Position:	
Annual Income:	Annual Income	e:
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 Averag (Number) (Class Size)	ge: out of (Number)	
ACT Scores: SAT Scores:	Expected Date of Gra	aduation:
Academic Honors:		
Offices Appointed/Elected to:	year	to
	year	to
	year	to
Please send an official copy of your high school transcript, a copy recommendation (form enclosed) by April 1 st .	y of your ACT/SAT sco	ore, and a personal
SECTION B – MUST BE CO	OMPLETED	
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

Name of Applicat	nt:					
Address:						
Telephone:		Social Secu	urity Number:			
Please rate the a	pplicant. Comp	are with other	of like age an	d position.		
	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis For Judgement
Intellectual achieve	ment					
General knowledge						
Oral expression						
Written expression						
Working with other	rs					
Emotional maturity	7					
•						

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 Henry A. Haise	ch Jr., Chairman	
	917 Edge	wood Dr.	
	O'Fallon.	IL 62269	

AINAD SHRINERS JAMES C. GROOM SCHOLARSHIP FUND Personal Letter of Recommendation

This section to be completed by the Applicant:

Name of Applicant:

Address: _____

Telephone: ______ 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:		Years known:
Date:		
RETURN TO:		AINAD SHRINERS JAMES C. GROOM SCHOLARSHIP FUND O Henry A. Haisch Jr., Chairman 917 Edgewood Dr. O'Fallon, IL 62269