

**THE GRAND COUNCIL OF CRYPTIC MASONS  
OF THE STATE OF ILLINOIS**

**ILLINOIS CRYPTIC MASONS NURSES FOUNDATION  
NURSES SCHOLARSHIP APPLICATION**

The Nurses Foundation Scholarship is for those full-time students who are pursuing a career in the field of nursing with plans to complete a program leading to becoming a Registered Nurse or a Bachelors Degree in Nursing from an accredited school of Nursing.

The applicant for a Nurses Foundation Scholarship must be a resident of the State of Illinois.

The applicant for a Nurses Foundation Scholarship must have and maintain a 'B' or a 3.0 grade point average.

The scholarship check will be forwarded in August and January to the student's college or university to be credited to his/her account.

The Scholarship Applicant must submit a completed application form with official high school or college transcript and letters of recommendation to the Screening Committee Chairman by April 1.

The amount of the Nurses Foundation Scholarship will be at the discretion of the Nurses Scholarship Screening Committee.

The scholarship will be awarded without regard to race, gender, religion, age or handicap.

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

Richard E. Yena, Chairman  
Nurses Scholarship Screening Committee  
837 Forest Road  
La Grange Park, IL 60526

**THE GRAND COUNCIL OF CRYPTIC MASONS  
OF THE STATE OF ILLINOIS**

**NURSES FOUNDATION SCHOLARSHIP**

**APPLICATION FOR NURSING SCHOLARSHIP**

**Deadline for submission: April 1**

**Name** \_\_\_\_\_  
(Last) (First) (Middle)

**Address** \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

**Phone Number** \_\_\_\_\_ **S.S.#** \_\_\_\_\_

**Name of Father:** \_\_\_\_\_ **Name of Mother:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Annual Income:** \_\_\_\_\_ **Annual Income:** \_\_\_\_\_

**Number of Dependents in Family:** \_\_\_\_\_

**Name of Spouse:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Annual Income:** \_\_\_\_\_ **Number of dependents in Family:** \_\_\_\_\_

Please indicate your anticipated income and expenses for the ensuing college years:

<b>Income</b>	<b>Yr 1</b>	<b>Yr 2</b>	<b>Expenses</b>	<b>Yr 1</b>	<b>Yr 2</b>
<b>Savings</b>			<b>Tuition &amp; Books</b>		
<b>Employment</b>			<b>Room Rent</b>		
<b>Loans</b>			<b>Meals</b>		
<b>Family</b>			<b>Clothing</b>		
<b>Scholarships</b>			<b>All Others</b>		
<b>TOTAL</b>			<b>TOTAL</b>		

# ACADEMIC PREPARATION

## SECTION A

High School Attended or 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/or attending: \_\_\_\_\_

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

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

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

Academic Status as of next Sept: \_\_\_\_\_  
(Freshmen, Sophomore, etc)

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

Offices Appointed/Elected to: \_\_\_\_\_  
(Name of Office) (Date appointed/elected)

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 1**.

