

The Grand Council of Cryptic Masons of the State of Illinois

ILLINOIS CRYPTIC MASONS NURSES FOUNDATION

APPLICATION FOR NURSING SCHOLARSHIP

Deadline for submission: April 1

Name _____
(Last) (First) (Middle)

Address _____
(Street)

(City) (State) (Zip Code)

Phone Number _____

Email Address _____

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** _____

Please indicate your anticipated income and expenses for the ensuing college year.

	Income		Expenses
Employment	_____	Tuition & Books	_____
Savings	_____	Room Rent	_____
Loans	_____	Meals	_____
Family	_____	Clothing	_____
Scholarships	_____	All Others	_____
TOTAL	_____	TOTAL	_____

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 attend or will attend _____

Address _____

Major Field of Study _____

Minor Field of Study _____

Academic Status Fall 2013 _____
(Freshmen, Sophomore, etc)

Academic Honors _____

Elected or Appointed Offices _____
(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**.

Give a brief narrative why you have chosen to have a career related to Nursing.

References: Please submit three references. Two references must be from high school teachers or college/university professors knowledgeable about your academic studies.

Transcripts: Please submit a copy of your most recent transcript (high school or college).

I authorize the school in which I am enrolled in academic year 20__ -20__ to disclose to the Scholarship Chairman of the Nurses Scholarship Screening Committee any and all matters pertaining to my financial situation, aid and grades.

(Date)

(Signature)

Return Application to:

Arlo R. Sloan, MIPGM
9100 N 1300th Ave
Osco, IL 61472-9505