

**ILLINOIS SCOTTISH RITE SCHOLARSHIP FUND**  
**A. COLVILLE WILSON SCHOLARSHIP APPLICATION**  
**2019-2020**

**Applicant Qualifications and Scholarship Information:**

- The applicant must reside in the State of Illinois and must have a 3.0 grade point average out of a 4.0 to apply.
- The applicant must have completed all undergraduate courses and hold an undergraduate degree from an accredited college or university. The applicant must be pursuing a graduate degree in nursing or health services for children. The scholarship applicant must attend a college/university within the State of Illinois.
- The scholarship will be paid to the applicant's credit at the college/university financial aid office.
- An official letter of admissions to the graduate program from the college/university to be attended **must** accompany the application form.
- An official college/university transcript **must** be sent to the scholarship administrator at the end of each semester in order to receive support for the next semester.
- The A. COLVILLE WILSON SCHOLARSHIP will be awarded at the discretion of the Board of Directors of the Illinois Masonic Scottish Rite Scholarship Fund in conjunction with the recommendation of the Scholarship Committee.
- This scholarship will be awarded without regard to sex, race, religion, age or handicap.
- Application due by March 1st

Completed application, admission letter, official transcript(s), and letters of recommendation should be sent to:

Noel Kalis, Administrator  
A. Colville Wilson Scholarship  
312 Lakeside Drive  
Walkerton, IN 46574  
(630) 204-2013  
[Gamecooker33@comcast.net](mailto:Gamecooker33@comcast.net)

**A. COLVILLE WILSON SCHOLARSHIP APPLICATION  
2019-20**

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

(Last)

(First)

(Middle)

**Home Address** \_\_\_\_\_

(Street)

(City) (State) (Zip code)

**Phone number** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Mother's Name** \_\_\_\_\_

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

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

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

**Name of Spouse** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Annual Income** \_\_\_\_\_

Please indicate your anticipated income and expenses for the time it will take you to earn your graduate degree.

<b>INCOME</b>	Yr.1	Yr. 2	<b>EXPENSES</b>	Yr. 1	Yr. 2
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Savings _____	Tuition & Books _____
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Employment _____	Room _____
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Loans _____	Meals _____
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Family _____	Clothing _____
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Other Scholarships _____	Other _____
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<b>TOTAL</b> _____	<b>TOTAL</b> _____
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## ACADEMIC PREPARATION

College to be Attended for Graduate Degree: \_\_\_\_\_

Address of College: \_\_\_\_\_

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

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

Degree(s) earned to date: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

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

Other Honors Achieved:

\_\_\_\_\_  
\_\_\_\_\_

Positions Appointed or Elected: \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

Place of Employment: \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Type of Employment \_\_\_\_\_ Term of Employment \_\_\_\_\_

Duties \_\_\_\_\_

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*(Additional information may be added on a separate sheet (s))*

If there are circumstances not covered by this form that you want the Scholarship Committee of the A. Colville Wilson Fund to consider in processing this application, please describe them below:

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**References:** Please submit **three** (3) references. **Two** (2) references must be from professors knowledgeable of your academic abilities and **one** (1) must be a personal/character reference from a person who knows you personally.

I authorize the school in which I am enrolled in during the 2019-2020 academic year to disclose to the Scholarship Administrator of the A. Colville Wilson Fund any and all matters pertaining to my financial situation, aid and grades.

\_\_\_\_\_  
(Date) (Signature)