

Illinois Grand Assembly - Academic Scholarship Application

In this Scholarship Application, “The International Order of the Rainbow for Girls in Illinois” and “Illinois Grand Assembly” are used synonymously. Illinois Grand Assembly provides scholarships to help individuals better themselves through the pursuit of knowledge.

When the scholarship is granted, it may continue for as long as the recipient is enrolled as a full-time undergraduate student at an accredited college or university. Full-Time is defined as a minimum of 12 semester hours. However, it will be terminated at the end of the semester during which the recipient’s cumulative grade point average is not a B or higher. It may also be terminated if the recipient changes institutions or her program without notification to the scholarship committee. Scholarships are awarded \$500 each semester, however, the cumulative award for any one individual shall not exceed \$4,000.

A scholarship recipient desiring to renew her scholarship for the ensuing year must forward to the scholarship chairman a letter of intent declaring her desire to continue as a scholarship recipient. This information must be submitted by April 15.

Scholarship checks will be forwarded to the student’s college or university to be credited to her school’s tuition account only after the recipient furnishes to The Scholarship Committee a transcript indicating 12 semester hours have been completed for the most recent semester and a cumulative grade point average of B has been achieved/maintained.

This application, official high school or college transcript, and letters of recommendation must be received by April 15 for the ensuing fall semester.

All documents submitted regarding any application for a scholarship shall become the property of Illinois Grand Assembly.

To be considered, the application must be completed in full. You may submit only one application.

Scholarships are awarded solely at the discretion of the Scholarship Committee of The International Order of the Rainbow for Girls in Illinois and are based on the applicant’s scholastic and personal achievements and lifetime career with the International Order of the Rainbow for Girls.

Checklist:

Including this cover page, this application consists of 6 pages (including 2 reference letters) and is completed in full

Most recent high school or college transcript is attached

Professional Letter of Recommendation has been requested (generally from a teacher/mentor or someone who is familiar with your academic career)

Personal Letter of Recommendation has been requested (from someone who can comment on your character, strengths/weaknesses)

Signature _____, date _____ I am hereby making Application to be considered for a Scholarship to be awarded by Illinois Grand Assembly. I understand scholarships are awarded solely at the discretion of Illinois Grand Assembly and that no contractual right arises from this Application. I understand payments pursuant to scholarships are made directly to the school/college/university after completion of the semester and only if I have met the criteria regarding grades and credit hours earned as outlined in this Application. I understand I must hand deliver or mail this Application via US Postal Service postmarked by April 15 and that electronic delivery of this Application may not be accepted.

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

Home Address: _____

(City) (State) (Zip)

Home Phone #: (_____) _____ - _____ S.S.N.: XXX-XX- _____ ... Last 4 only

Cell Phone #: (_____) _____ - _____ Email: _____

General Requirements:

1. Be a member in good standing with The International Order of the Rainbow for Girls.
2. Be an undergraduate student attending an accredited college or university on a full-time basis (minimum of 12 credit hours per semester).
3. Earn at least a "B" grade point average.

The following fields are required for all applicants:

High School currently attending
or from which you are a graduate: _____

ACT Score: ____ SAT Score: ____ Class Rank ____ out of ____ GPA ____ out of ____

High School Academic Honors: _____

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

Extracurricular school related interests and activities: _____

College to be attended: _____

College Address: _____

College Phone Number () _____ - _____

Academic status of next year: _____ (Fr, Soph, Jr, Sr, Grad)

Major Field of Study: _____

Minor Field of Study: _____

College Hours completed: _____ Grade Point Average: _____

Civic related interests and activities: _____

If there are circumstances not covered by this form that you want the Scholarship Committee of the Illinois Grand Assembly to consider in processing this application, please describe them below:

Professional Letter of Recommendation

Name of Applicant: _____

Mail this letter to the Illinois Grand Assembly Scholarship Committee.

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

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.

	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower	No Basis
Intellectual achievement						
General knowledge						
Oral expression						
Written expression						
Working with others						
Emotional maturity						
Imagination / creativity						

In addition, please write a statement on the reverse side (or attach) 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 _____ Dates _____

Date _____

Please return this letter of recommendation by April 15, to:

ILLINOIS GRAND ASSEMBLY SCHOLARSHIP COMMITTEE
C/O CAROL NELSON
1306 DESOTO DR.
O'FALLON, IL 62269
 Email: cnelson632@att.net

Personal Letter of Recommendation

Name of Applicant: _____

Please write a statement below (or attach) 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 _____ Date _____

Please return this letter of recommendation by April 15, to:

**ILLINOIS GRAND ASSEMBLY SCHOLARSHIP COMMITTEE
C/O CAROL NELSON
1306 DESOTO DR.
O'FALLON, IL 62269
Email: cnelson632@att.net**