

**AINAD TEMPLE, A.A.O.N.M.S.  
JAMES C. GROOM SCHOLARSHIP FUND**

**SCHOLARSHIP APPLICATION**

**GENERAL INFORMATION**

To qualify, an applicant must have been a resident in the Ainad Temple jurisdiction for at least twenty-four (24) months prior to application. Applications from other Illinois residents will be considered should there not be a qualified applicant from the Jurisdiction of Ainad Temple.

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 Shrine Temple of the A.A.O.N.M.S.

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 1 April of the year in which the application is made. The aforementioned documents will become the property of the Ainad Temple 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; however, the recipient must submit a new updated application (personal references excepted) for the ensuing academic year. The fact that an applicant was a prior recipient of the scholarship shall have no bearing on the decision to award another scholarship.

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

**AINAD TEMPLE, A.A.O.N.M.S.  
JAMES C. GROOM SCHOLARSHIP FUND  
c/o Robert L. Cook, Chairman  
609 St. Louis Avenue  
East St. Louis, IL 62201**

# 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 Average: \_\_\_\_\_ out of \_\_\_\_\_  
(number) (class size) (number) (maximum)

ACT Score: \_\_\_\_\_ SAT Score: \_\_\_\_\_ Expected date of graduation: \_\_\_\_\_

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

\_\_\_\_\_

Offices Appointed / Elected to: \_\_\_\_\_ year to \_\_\_\_\_  
\_\_\_\_\_ year to \_\_\_\_\_  
\_\_\_\_\_ year to \_\_\_\_\_

Please send an official copy of your high school transcript, a copy of your ACT / SAT score, and a personal recommendation (form enclosed) by 1 April.

## SECTION B - MUST BE COMPLETED

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: \_\_\_\_\_

\_\_\_\_\_

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**Personal Letter of Recommendation**

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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:**

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Professional Letter of Recommendation

This section to be completed by the Applicant:

Name of Applicant: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

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

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 TEMPLE, A.A.O.N.M.S.**  
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# PERSONAL INFORMATION

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

Home Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Phone Number: \_\_\_\_\_ S.S.# \_\_\_\_\_

Name of Shriner relative: \_\_\_\_\_  
( ) Father ( ) Grandfather ( ) Uncle (check one)

The above named relative is affiliated with \_\_\_\_\_ Shrine Temple,  
A.A.O.N.M.S.



## MASONIC YOUTH ORGANIZATIONS

To which youth organization affiliated with Freemasonry do/have you belonged? (DeMolay, Rainbow/Job's Daughters, others).

\_\_\_\_\_ Years \_\_\_\_ To \_\_\_\_ \_\_\_\_\_ Years \_\_\_\_ To \_\_\_\_

What offices have you been appointed to in these organizations?

\_\_\_\_\_ Years \_\_\_\_ To \_\_\_\_ \_\_\_\_\_ Years \_\_\_\_ To \_\_\_\_



## FAMILY INFORMATION

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

Position: \_\_\_\_\_ Position: \_\_\_\_\_

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

Names of Dependents in Family: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Position: \_\_\_\_\_

