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 **May 15th**.

Scholarship checks will be forwarded to the student's college or university to be credited to her school's tuition account at the beginning of each semester. After a completion of a semester the student must transmit to the Scholarship Committee (via email) their 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 **May 15th** for the ensuing fall semester.

All documents submitted regarding any application for a scholarship shall become the property of the 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	ation consists of 6 pages (including 2	2 reference
letters) and is completed in full		
Most recent high school or college tra	anscript is attached	
Professional Letter of Recommendati	ion has been requested (generally fro	om a
teacher/ mentor or someone who is fami	liar with your academic career)	
Personal Letter of Recommendation	has been requested (from someone v	vho can
comment on your character, strengths/w	veaknesses)	
Signature	, date	I am hereby
making Application to be considered for a Sch		
understand scholarships are awarded solely a	t the discretion of the Illinois Gran	d Assembly and
that no contractual right arises from this	Application. I understand payme	ents pursuant to
scholarships are made directly to the school/c	college/university at the beginning of	of each semester
After completion of the semester I must send m	ny transcript to the Scholarship Com	mittee showing I
have met the criteria regarding grades and cr	redit hours earned as outlined in th	is Application. I
understand I must submit this application by M	Iay 15th.	

Name:		
(Last)	(First)	(Middle Initial)
Home Address:		
(City)	(State)	(Zip)
Home Phone #: ()	S.S.N.:	: XXX-XX Last 4 only
Cell Phone #: ()	Email:	
_	ours per semester).	of the Rainbow for Girls. e or university on a full-time basis
The following fields are required High School currently attends	d for all applicants: ing or from which you are a gradu	ate
ACT Score:	SAT Score:	
Class Rank out of _	GPA	out of

Offices Appointed/Elected to:		year	to
		year	to
		year	to
Extracurricular school related is	nterests and activities:		
Civic Related interests and acti	vities:		
College to be attended:			
College Address:			
College Address: Academic status of next year: _		(Fr, Soph	Jr, Sr, Grad)
Academic status of next year: _			
Academic status of next year: _ Major Field of Study:			

Provide your thoughts regarding your choice of career future. Any insights that you provide will greatly assist Please make your statement as legible as possible. At	st the committee in making its evaluation.
is acceptable.	anoming a separate page of writing on the outli
eferences: Please submit two references. One references nowledgeable about your academic studies and one references.	nust be a personal reference.
Your application is to be submitted to the Illinois Gran	nd Assembly Scholarship Committee.
With my signature below, I certify the included inform knowledge.	nation is true and accurate to the best of my
(Date)	(Signature)
Submit to:	
ILLINOIS GRAND ASSEMBLY SCHOLARSHIP C	OMMITTEE
C/O SARA FRANKLIN 2609 TENNYSON DRIVE	
SPRINGFIELD, IL 62711	

Email: rainbownewseditor@gmail.com

Professional Letter of Recommendation

•						
Name of Applicant:						
Mail this letter to the Illinois ********** Please rate the applicant. C	*******	*******	******	******		*****
General assessment of overcomparable education level the upperpercent.			-		•	
	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 st applicant's ability to pursue Any pertinent information is helpful than general praise.	studies and	to achieve	professiona	l success in	n his or her	chosen field.
Name		Si	ignature			
Position		Address_				
Relationship to Applicant				_Date		

Please return this letter of recommendation by May 15th, to: ILLINOIS GRAND ASSEMBLY SCHOLARSHIP COMMITTEE C/O SARA FRANKLIN 2609 TENNYSON DRIVE SPRINGFIELD, IL 62711

Email: rainbownewseditor@gmail.com

Personal Letter of Recommendation

Name of Applicant:	
*********	****************
pursue studies and to achieve prof	r attach) indicating your opinion of the applicant's ability to fessional success in his or her chosen field. Any pertinent aluation of strengths and weaknesses is more helpful than
Name	Signature
Position	Address
Relationship to Applicant	Date

Please return this letter of recommendation by May 15th, to: ILLINOIS GRAND ASSEMBLY SCHOLARSHIP COMMITTEE C/O SARA FRANKLIN 2609 TENNYSON DRIVE SPRINGFIELD, IL 62711

Email: rainbownewseditor@gmail.com