

# *Sidney M. and Ruth K. Zirwes Scholarship Application*

First Time Application     Re-applying

*Applicant Full Name:* \_\_\_\_\_ *Male/Female:* \_\_\_\_\_

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

*City/State/Zip* \_\_\_\_\_

*Email Address:* \_\_\_\_\_

*Home Phone:* \_\_\_\_\_ *Cell Phone:* \_\_\_\_\_

*Birthdate:* \_\_\_\_\_ *Birthplace:* \_\_\_\_\_ *Do You Have a Social Security Number?*    **Yes**    **No**

*High School:* \_\_\_\_\_ *Graduation Year:* \_\_\_\_\_

*Current College:* \_\_\_\_\_ *Current Year:* \_\_\_\_\_

*Most Recent G.P.A.:* \_\_\_\_\_

*Name of 32° Member:* \_\_\_\_\_ *Relationship:* \_\_\_\_\_

*Scottish Rite Valley Affiliation:* \_\_\_\_\_ *Location:* \_\_\_\_\_

### **CANDIDATE ESSAY**

Please prepare, in your own words, reasons you believe you should be awarded (or have renewed) a Zirwes Scholarship and what your goals and expectations are for the future.

Where do you expect to pursue (or are you currently pursuing) your post-secondary education?

## FAMILY INFORMATION

**Parents' Marital Status:**

<i>Married:</i>	<i>Divorced:</i>	<i>Other:</i>
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**FATHER**

**MOTHER**

<i>Name</i>	<i>Name</i>
<i>Living ?</i>	<i>Living ?</i>
<i>Birthdate</i>	<i>Birthdate</i>
<i>Birthplace</i>	<i>Birthplace</i>
<i>Citizenship</i>	<i>Citizenship</i>
<i>Colleges Attended (years &amp; degrees earned)</i>	<i>Colleges Attended (years &amp; degrees earned)</i>
<i>Current Employer</i>	<i>Current Employer</i>
<i>Job Title</i>	<i>Job Title</i>
<i>Length of time in this position</i>	<i>Length of time in this position</i>
<i>Annual Gross Income \$</i>	<i>Annual Gross Income \$</i>
<i>Other sources income (child support, rental property, etc.)</i>	<i>Other sources income (child support, rental property, etc.)</i>
<i>Annual Income Other Sources \$</i>	<i>Annual Income Other Sources \$</i>

**If parents are divorced, with whom do you reside?**

**Step-parent Information:** If the parent with whom you reside has remarried, provide information regarding the stepparent

<i>Name:</i>	<i>Birthdate:</i>
<i>Employer:</i>	<i>Job Title:</i>
<i>Annual Gross Income \$</i>	<i>Length in Position:</i>

**If you reside with a legal guardian, complete the Stepparent Information above.**

**List Siblings:**

<i>Name</i>	<i>Age</i>	<i>Relationship</i>	<i>Year in School or Occupation if not attending school</i>

**FINANCIAL INFORMATION**

**DOES YOUR FAMILY:**

<b>Rent home/apartment</b>	Monthly rental payment \$
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**OR**

<b>Own home</b>	Monthly mortgage payment \$
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Year Purchased:	Present Market Value: \$	Mortgage Balance: \$
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**PARENT/GUARDIAN SUMMARY OF FINANCIAL CONDITION**

**APPLICANT SCHOLARSHIPS AND/OR GRANTS THAT YOU HAVE BEEN AWARDED:**

**ADDITIONAL SCHOLARSHIPS AND/OR GRANTS APPLIED FOR  
( including federal, state or university aid )**

**HIGH SCHOOL INFORMATION - First Time Applicant**  
*(to be completed by a student currently in the final semester of high school)*

**LIST ALL HIGH SCHOOLS ATTENDED**

<i>School Name</i>	<i>City/State</i>	<i>Dates Attended</i>	<i>Year of Graduation</i>
<b>Special Academic Awards or Recognitions</b>			
<b>High School Activities</b>			
<b>Youth Group and Religious Activities</b>			
<b>Community Activities</b>			

I certify that the information in this application is true and accurate to the best of my knowledge. I understand to be eligible for the Zirwes Scholarship I must meet the minimum standards and requirements relating to the relationship with a 32° Scottish Rite Mason and the pursuit of a post-secondary education. I accept that all scholarship awards will be made payable to the specified educational facility and the applicant and will be cancelled if not cleared by December 31 of the year in which awarded. I also understand and accept that the Wisconsin Scottish Rite Foundation reserves the right to make the final decision.

*Date:* \_\_\_\_\_

*Applicant Name:* \_\_\_\_\_ *Applicant Signature* \_\_\_\_\_

*Parent/Guardian:* \_\_\_\_\_ *Parent/Guardian Signature* \_\_\_\_\_

The Zirwes Scholarship is a gift, not a loan, and can be based on academic achievement, participation in worthwhile activities and financial need. Checks will be issued payable to the student and the college, university, or institution of higher learning, designated solely for the applicant's school account. Scholarships are awarded without regard to race, creed, color, or sex.

**HIGH SCHOOL EVALUATION**  
**Sidney M. and Ruth K. Zirwes Scholarship Fund Application**

CONFIDENTIAL

CONFIDENTIAL

**This section is to be completed by applicant and submitted to the high school counselor or designee of the principal.**

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

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

City/St/Zip: \_\_\_\_\_

High School: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

**The following section of the application should be completed and mailed by the high school guidance counselor or person designated by the principal. All responses will be kept confidential. Please mail directly to the Wisconsin Scottish Rite Foundation Scholarship Committee in the envelope provided by the applicant or scan and email to:**

[Officemgr@wsrf.org](mailto:Officemgr@wsrf.org)

**Please provide the requested information by April 1<sup>st</sup>.**

Overall GPA:	Rank in Class:	Number in Class:	ACT Composite Score:
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Rate the applicant's academic performance in school:	<i>Superior</i>	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Poor</i>
Rate the applicant's character and reputation for integrity:	<i>Superior</i>	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Poor</i>
Rate the applicant's contribution to school activities:	<i>Superior</i>	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Poor</i>
Rate the applicant's overall contribution to the school:	<i>Superior</i>	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Poor</i>
Estimate the applicant's academic performance at the college level:	<i>Superior</i>	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Poor</i>

**In summary, please indicate the overall recommendation you would give this applicant:**

*Highest      High      Recommend      With Reservation      Not Recommend*

Additional Comments:

Name(print) \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature:

Date:

**POST-SECONDARY SCHOOL INFORMATION**  
*(to be completed by a student currently attending a college/university/vocational school)*

**LIST ALL POST-SECONDARY SCHOOLS ATTENDED**

<i>School Name</i>	<i>City/State</i>	<i>Dates Attended</i>	<i>Year of Graduation</i>

<b>Special Academic Awards or Recognitions</b>	
<b>School Activities</b>	
<b>Youth Group and Religious Activities</b>	
<b>Community Activities</b>	

**Students must supply a current transcript, including all classes completed and grades**

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Date:

*Print Applicant Name*

*Applicant Signature*

The Zirwes Scholarship is a gift, not a loan, and can be based on academic achievement, participation in worthwhile activities and financial need. Checks will be issued payable to the student and the college, university, or institution of higher learning, designated solely for the applicant's school account. Scholarships are awarded without regard to race, creed, color, or sex.