

Sigma Alpha Scholarship Application - 2017

Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Home Telephone: (____) _____ Cell Phone: (____) _____

E-mail: _____ (Applicant) E-mail: _____ (Parent)

Schools Attended and/or Attending:

	School Name	City/State	Dates Attended
Senior High:	_____	_____	_____
Post Secondary:	_____	_____	_____

High School Academics:

List any Advanced Placement, Honors, and/or Secondary Post Option classes taken during high School. Also, indicate what grade (9th, 10th, 11th, and/or 12th) they were taken and the letter grade received.

Class	Year	Grade Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

High School Honors and Activities:

Activity	Year
_____	_____
_____	_____
_____	_____
_____	_____

Employment, Community Service and Outside School Activities:

Beginning with the most recent, list job(s) held and community service(s) performed.

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Class	Year	Grade Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

High School Honors and Activities:

Activity	Year
_____	_____
_____	_____
_____	_____
_____	_____

Employment, Community Service and Outside School Activities:

Beginning with the most recent, list job(s) held and community service(s) performed.

Work Experience (Employment):

Name of Employer	Month/Year Employed From-To	Job Description	Hours per week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Community Service:

Activity	Month/Year Participating	Hours per week
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Outside School Activities: (eg. Scouts; 4 H; Youth Group; Theater; Music; etc)

Activity	Month/Year Participating	Hours per week
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Circumstances:

Describe any circumstances, which may affect your family's ability to provide for your college education. For example: medical bills, disabilities, outstanding loans, loss of employment, additional college siblings, etc.

Relative of Beta Psi Chapter Member: Circle one below:

Daughter; Granddaughter; Great-Granddaughter; Other; Not related

Name of Beta Psi Chapter Member: _____

I certify that the information on this form is true and complete to the best of my knowledge.

Applicant Signature

Date

Parent/Guardian Signature

Date

Dear Applicant:

If you are chosen for the Sigma Alpha Scholarship, you will be notified through E-mail by May 5, 2017. This completed application, plus the letter of recommendation, transcripts and typed essay must be submitted together and sent to the Sigma Alpha Sorority Scholarship Chairperson. The application must be **postmarked no later than: March 17, 2017**. **Applications received after that date will be disqualified.**

Applications improperly completed, incomplete or not on the current form will be disqualified. Please read the instructions carefully.

Mail directly to: Nancy Finke, Beta Psi Chapter
Sigma Alpha Sorority Scholarship Chairperson
1840 Falmouth Avenue
Springfield, OH 45503

For questions please call – Beta Psi Chapter President, Dori Gaier, at 937-342-0808 (H) 937-631-1720 (C)

Applicant Checklist

- _____ A letter of recommendation
- _____ Copy of transcripts
- _____ Personal Essay – **typed** and attached to application
- _____ Application completed and signed by the applicant and parent(s) or guardian(s)
- _____ Deadline met!