

CHI ETA PHI SORORITY, INC



APPLICATION FOR THE ALIENE EWELL SCHOLARSHIP

I. APPLICANT

A. Name.....
Last First M.I.

B. Address.....

City: State..... Zip:.....

Home Phone #..... Cell Phone #..... E-mail.....

C. Year of Birth:..... Place of Birth:.....

D. Check One:SingleMarriedDivorcedWidowedSeparated

E. Are you a citizen of the United States?YesNo

F. If not, are you a permanent resident of the United States?YesNo

Please describe circumstances:.....

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.....

II. CHARACTER REFERENCES (Please give the names and addresses of two persons who are not relatives).

A.
Name Address Relationship

B.
Name Address Relationship

III. FAMILY INFORMATION

A. Father:.....
Name Address Occupation

B. Mother:.....
Name Address Occupation

- B. List Honorary Societies in which you belong:
-
- C. List office(s) held in any Clubs and/or Organizations:
-
- D. List all Awards, Honors or Citations:
-
- E. Do you belong to a Sorority?YesNo
- If yes, give name:.....

VII. FINANCIAL STATUS

- A. Are you receiving any financial assistance at present?YesNo
- B. If yes, please complete:

Name of Grant/Loan

Name of Scholarship

- | | |
|---------|---------|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |

- C. If you are awarded a scholarship from CHI ETA PHI SORORITY, INC., for what purpose will you use it?
.....
.....
- D. Describe any pertinent information that would be helpful in assessing your financial need for this scholarship:
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.....
Signature of Applicant

...../...../19.....
Month Date Year

CHAPTER USE ONLY

Brief comments regarding applicant's interview:
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.....
Signature of Basileus

.....
Signature of Chapter Scholarship Chairman

.....
Chapter

.....
Date

Attach the following:

1. Current official transcript (last semester attended) i.e., Summer, Spring, Fall..... (year)
2. Recent tuition/fee information from respective College/University School of Nursing
3. Letter of reference from instructor and/or an administrator
4. Letter of reference from sponsoring chapter
5. Letter from applicant (Biography)

IMPORTANT NOTE TO LOCAL SCHOLARSHIP CHAIRMAN:

1. Please make sure that all original information is mailed to the National Scholarship Committee Chairman.
2. Also, copy and mail five (5) copies of the above information to National Scholarship Chairman by the required deadline - February 1st of each year.

NATIONAL SCHOLARSHIP CHAIRMAN USE ONLY

COMMENTS

Date received:

Approved/Disapproved

Awarded \$..... 19.....

Boule..... Regional.....

.....
Signature of National Chairman