BETA SIGMA PHI HEALTH FIELD MEMORIAL SCHOLARSHIP

Re: Beta Sigma Phi Health Field Scholarship

Dear Sir or Madam:

The Longview/Kelso Beta Sigma Phi Sorority is providing a $1,000 scholarship to a resident of Cowlitz or Wahkiakum counties who is pursuing an education in a health field. Applicants must show a financial need and sincerity of intent to reach their health field goal to be considered. Non-residents may apply if attending school in Cowlitz or Wahkiakum counties.

Ours is a Memorial Scholarship given in honor of our deceased members and is offered yearly. A student awarded the scholarship in a current year may also apply for one additional year.

Please feel free to copy the enclosed application as needed. Only complete applications with copies of official transcripts, two letters of recommendation and applicant’s essay explaining why he/she is interested in the health field will be considered. All applications must be received no later than March 29, 2013.

Thank you for your assistance.

Sincerely,

Susan Pointer, Chairwoman
1 Curtis Lane
Longview, WA 98632
360-636-1843
Application for Beta Sigma Phi Health Field Memorial Scholarship

Applicant’s Name ____________________________________________

Address ____________________________________________________

County ______________________________________________________

Home Phone __________________________________________________

Address while attending college ________________________________

High School attended _________________________________________

Year Graduated _______________ High School GPA ________________

College applied to ____________________________________________

College attending ____________________________________________

Year in College _______________ College GPA ________________

College Major ________________________________________________

Career choice ________________________________________________

Are you related to a Beta Sigma Phi? _________ Who? ________________

Explain how you are related_____________________________________

Applicant’s status: Single _____ Married _____ Divorced _____ Widowed _____

If you are living with or are supported by your parents, please complete the next two questions:

Father ___________________________ Occupation ________________

Mother ___________________________ Occupation ________________

How much money has been saved for the upcoming school year?
Will parents be contributing to your financial support or education? Are parents contributing to any sibling's educational costs? Explain and indicate amounts.

Will someone other than a parent or spouse be contributing to your support or education? Explain and indicate amounts.

Have you received or anticipate receiving any scholarships or other sources of funding? Explain and indicate amounts.

Are there any unusual or extenuating circumstances that should be considered?

Briefly explain your living situation and members of your household.
Do you have any dependents? If yes, how many and are any attending college? Give ages of children.

Will you be working during the school year? Explain.

Briefly describe any work or volunteer experience.

How much do you anticipate earning during the summer and upcoming school year (if married, include spouse)? How much can be applied to your education costs? Explain.

Application due on March 29, 2013. Submit to: Susan Pointer, Beta Sigma Phi Health Field Memorial Scholarship, 1 Curtis Lane, Longview WA 98632. Complete applications include this questionnaire, official transcripts, two letters of recommendation, and your essay explaining your interest in a health field and career.