

# BETA SIGMA PHI SORORITY (Alpha Omega Chapter)

## Personal Information:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

## Academic Achievement:

Class Rank \_\_\_\_ out of \_\_\_\_ students. G.P.A. \_\_\_\_

ACT: Composite \_\_\_\_\_

SAT: Math \_\_\_\_ Verbal \_\_\_\_ Critical Reading \_\_\_\_

## Selected Educational Institutions:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Planned area of study:

## Estimated cost of attending the schools listed on the left?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

How do you plan to finance your education?

## Family Information:

Educational Level: Father \_\_\_\_ Mother \_\_\_\_

Occupation: Father \_\_\_\_\_

Mother \_\_\_\_\_

List others in your immediate family (name, age, and school) that are currently enrolled in post secondary institutions:

## List Honors and Awards you have received:

## List Extra-Curricular Activities you have participated in:

## List your leadership/community and volunteer involvement (attach another sheet if necessary):

## List your employment history and job duties:

## Describe your career plans and personal goals for 5 years and again 10 years from now:

Attach a copy of your official transcript to this application. The information in this application is true and complete to the best of my knowledge. I authorize the Scholarship Review Committee to verify the information that has been submitted.

Attach an extra sheet if needed for any area above.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date