

BETA SIGMA PHI SORORITY (Preceptor Xi 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