MU CHI CHAPTER, INC.,
CHI ETA PHI SORORITY, INC
APPLICATION FOR CHAPTER NURSING SCHOLARSHIP

I. APPLICANT **School/University I.D.#**_____

A. Name _____
Last First M.I.

B. Address _____

City: …….…… State……..…… Zip:…… Home Phone #.....

Cell Phone #……..…… E-mail…….……

C. Date of Birth:…….……..……. Are you a citizen of the United States? ……Yes ……No

If not, are you a permanent resident of the United States? ……Yes ……No
Please describe circumstances: _____

_____

_____

E. Check One: ……Single ……Married ……Divorced ……Widowed ……Separated

Spouses Name _____ Occupation _____

Number of children dependent on applicant and/or spouse _____

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. EDUCATION

A. Name and Location of High School _____ GPA_____

B. Name of College/University | Address | Year(s) of Attendance | Degree/ Diploma

_____

_____

C. Current Educational Status:

1_____
Classification/Level (Sophomore, Junior, etc.)

2. In what area of nursing are you most interested _____

_____

_____

IV. EMPLOYMENT STATUS

A. Are you presently employed? ……Yes ……No Check one: Full Time…..… Part Time…....…

B. Where? (include address). _____

C. Type of work/job title. _____

D. If you are a licensed nurse, what state(s) are you currently registered in? _____

Registration Number(s) _____

VI. EXTRA-CURRICULAR ACTIVITIES

A. List the Clubs and/or Organizations in which you take an active part: _____

_____

B. List office(s) held in any Clubs and/or Organizations: …….

_____

C. List all Awards, Honors or Citations: …….…….

_____

D. Do you belong to a Sorority? ……Yes ……No

If yes, give name:……

V. FINANCIAL STATUS

A. Are you receiving any financial assistance at present? ……Yes ……No

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B. If yes, please complete:
Name of Grant/Loan _____
_____
_____
Name of Scholarship _____

C. If you are awarded a scholarship from MU CHI CHAPTER, 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:
_____
_____

…… ……..…../…..……/20……...
Signature of Applicant Month Date Year

Information for Applicant-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 from applicant (Autobiographical)
5 .Photograph 3x5 Glossy

CHAPTER USE ONLY
Brief comments regarding applicant's interview: _____
_____
_____
_____

Signature of Basileus
…….……
Signature of Chapter Scholarship Chairman
…….……
Signature of Honorary Member

Date Application received: ……
Approved/Disapproved
Awarded $..... 20…….
Recommend for Boule…… Regional……..
COMMENTS
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MX/XHΦ: Revised 2010