

**Application for Beta Sigma Phi Health Field
Memorial Scholarship**

Applicants Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

High School _____

Year Graduated if applicable _____ High School GPA _____

College Attending next Fall _____

Year in College _____ College GPA _____

College Major _____

Career Choice _____

Related to Beta Sigma Phi member? _____ Who? _____

Explain how you are related _____

Your signature below certifies all the information you have provided on this
application is complete and correct:

Signature: _____ Date: _____

Briefly describe your work experience.

Describe your volunteer and/or community service experience.

Share any experience that demonstrates leadership skills.

Is there any additional information you would like us to consider for your application?

Applications must be received no later than March 25, 2026. Email to: Stephanie Pelton, Beta Sigma Phi Health Field Memorial Scholarship at betasigmaphixppl@gmail.com. Completed applications will include: this form, your official transcripts, two letters of recommendation, and an essay explaining your interest in health career.