

Application for Beta Sigma Phi Health Field Memorial Scholarship

Applicant's Name_____

Address_____

County_____

Home Phone_____Cell Phone_____

Email Address_____

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____

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

_____(date)_____

Briefly describe your work experience.

Describe your volunteer and/or community service experience.

Share any experiences that demonstrate your leadership skills.

Is there anything of importance you want to share with us?

Applications must be received by March 20,2023. Submit to:
Susan Pointer, Beta Sigma Phi Health Field Memorial Scholarship,
2651 Maple Street, Longview WA 98632. **Submit this form, your
official transcripts, two letters of recommendation, and your
essay explaining your interest in a health field and career.
Recommendations should not come from a family member.**

