

# **BETA SIGMA PHI HEALTH FIELD MEMORIAL SCHOLARSHIP**

Re: Beta Sigma Phi Health Field Scholarship

Dear Sir or Madam:

The Longview/Kelso Beta Sigma Phi Sorority is providing a \$900 scholarship to a resident of Cowlitz or Wahkiakum counties who is pursuing an education in a health field. Applicants must show a financial need and sincerity of intent to reach their health field goal to be considered. Non-residents may apply if attending school in Cowlitz or Wahkiakum counties.

Ours is a Memorial Scholarship given in honor of our deceased members and is offered yearly. A student awarded the scholarship in a current year may also apply for one additional year.

Please feel free to copy the enclosed application as needed. Only complete applications with copies of **official transcripts, two letters of recommendation and applicant's essay** explaining why he/she is interested in the health field will be considered. All applications must be received no later than **March 16, 2019**. Please send to Dianne Whitten, 574 Beebe Rd., Castle Rock, WA 98611.

Thank you for your assistance.

Sincerely,

Dianne Whitten, Chairwoman  
Castle Rock, WA 98611  
360-274-6951

# Application for Beta Sigma Phi Health Field Memorial Scholarship

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_

Home Phone \_\_\_\_\_

Email address \_\_\_\_\_

Address while attending college \_\_\_\_\_

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 \_\_\_\_\_

If you are living with or are supported by your parents, please complete the next two questions:

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

Mother \_\_\_\_\_ Occupation \_\_\_\_\_

How much money has been saved for the upcoming school year?

Will parents be contributing to your financial support or education? Are parents contributing to any sibling's educational costs? Explain and indicate amounts.

Will someone other than a parent or spouse be contributing to your support or education? Explain and indicate amounts.

Have you received or anticipate receiving any scholarships or other sources of funding? Explain and indicate amounts.

Are there any unusual or extenuating circumstances that should be considered?

Briefly explain your living situation and members of your household.

Do you have any dependents? If yes, how many and are any attending college? Give ages of children.

Will you be working during the school year? Explain.

Briefly describe any work or volunteer experience.

How much do you anticipate earning during the summer and upcoming school year (if married, include spouse)? How much can be applied to your education costs? Explain.

**Application due on March 16, 2019. Submit to: Dianne Whitten, Beta Sigma Phi Health Field Memorial Scholarship, 574 Beebe Rd., Castle Rock, WA 98611 Complete applications include this questionnaire, official transcripts, two letters of recommendation, and your essay explaining your interest in a health field and career. Letters of recommendation should not come from a family member.**