

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 \$850 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 23, 2018**. Please send to Diane LaRue, P.O. Box 1575, Longview, WA 98632

Thank you for your assistance.

Sincerely,

Diane LaRue, Chairwoman
Longview, WA 98632
360-575-9379

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 23, 2018. Submit to: Diane LaRue, Beta Sigma Phi Health Field Memorial Scholarship, P.O. Box 1572, Longview WA 98632. 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.