| CHI EPSILON SIGMA – Beta chapterscholarship application Member Only for Professional Improvement | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | | | | | | |  | | | | SSN: | | |  | | | | Phone: | | | | |  | | | | | |
| Current Address: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | State: | |  | | | | | | | ZIP Code: | | | | | | |  | |
| Office Address: | | | | | | | |  | | | | | | | | | | District: | | | |  | | | | | | |
| Phone: | | |  | | | | | | | | E-mail: | | | |  | | | | | | | | | Fax: | |  | | |
| County: | | | |  | | | | | | | City: |  | | | | | | | | | ZIP Code: | | | | | | |  |
| mark the following location that applies | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County | | | | | |  | | | | | District | | | | |  | | | State Office | | | | | |  | | | |
| PROFESSIONal IMPROVEMENT AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of professional improvement workshop or seminar you plan to attend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| registration fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAVE YOU RECEIVED OTHER SCHOLARSHIPS/GRANTS/ETC.?If so, please list and give amount. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **WRITE A BRIEF SUMMARY ABOUT WHY YOU WOULD LIKE TO RECEIVE THE SCHOLARSHIP.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date:** | |  | | | | | | | | **Applicant’s Signature:** | | | | | | |  | | | | | | | | | | | |
| **Return by October 22, 2021 to:**  **Sandra McGinnis, Lawrence County Extension, 1100 West Main Street, Walnut Ridge, AR 72476 smcginnis@uada.edu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |