| CHI EPSILON SIGMASTUDENT scholarship application | | | | | |
| --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | |
| Name: | | | | | |
| Date of birth: | | SSN: | | Phone: | |
| Current address: | | | | | |
| City: | | State: | | ZIP Code: | |
| **Member** |  | **Spouse** |  | **Child** |  |
| MEMBER’S NAME AND ADDRESS | | | | | |
| Name: | | | | | |
| Address: | | | | County/District: | |
| Phone: | | E-mail: | | Fax: | |
| District: | | City: | | ZIP Code: | |
| EDUCATIONAL EXPERIENCE | | | | | |
| Name of School | | Year(s) Attended | | Diploma or Degree | |
| |  | | --- | |  | |  | |  | |  | | | | | | |
| PROPOSED PROFESSION | | | | | |
|  | | | | | |
| SCHOOL I PLAN TO ATTEND | | | | | |
|  | | | | | |
| number of hours i plan to enroll in this semester | | | | | |
|  | | | | | |
| HAVE YOU RECEIVED OTHER SCHOLARSHIPS/GRANTS/ETC.? If so, please list and give amount. | | | | | |
|  | | | |  | |
|  | | | |  | |
|  | | | |  | |
| **GIVE A BRIEF DESCRIPTION AS TO WHY YOU THINK YOU DESERVE THIS 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** | | | | | |