| CHI EPSILON SIGMA – Beta chapterscholarship applicationMember 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 March 18, 2024, to:****Shaura Ivy, Drew County Extension, 210 S. Main St. Ste. H, Monticello, AR 71655****sivy@uada.edu** |