| CHI EPSILON SIGMASTUDENT scholarship application |
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| 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 |
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 |
| PROPOSED PROFESSION |
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| 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. |
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|  |  |
| **GIVE A BRIEF DESCRIPTION AS TO WHY YOU THINK YOU DESERVE THIS 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** |