

CHI ETA PHI SORORITY, INC.



APPLICATION FOR THE ALIENE CARRINGTON EWELL SCHOLARSHIP AWARD

I. APPLICANT:

A. Name: _____

B. Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number: _____

Email: _____

C. Place of Birth: _____

Age Group:

- ☐ 17-25
- ☐ 26-35
- ☐ 36-45
- ☐ 46 & above

D. Check One:

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Widowed
- ☐ Separated

E. Are you a citizen of the United States?

- ☐ Yes
- ☐ No

II. FAMILY INFORMATION

A. Number of sibling(s) dependent on parents: _____

B. Number of children dependent on applicant and/or spouse: _____

III. ACADEMIC INFORMATION:

C. Name of College/University: _____

College/University Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Student Identification Number: _____

Expected Degree _____ Expected Graduation Date _____

D. Current Classification

☐ Freshman

☐ Sophomore

☐ Junior

☐ Senior

IV. EMPLOYMENT STATUS

A. Are you presently employed:

☐ Yes If yes, number of hours worked/per week: _____

☐ No

B. Licensure

Are you currently licensed ☐ Yes ☐ No

Licensed Nurses: What state(s) are you currently registered? _____

☐ LVN/LPN

☐ RN

V. FINANCIAL STATUS

A. Are you receiving any financial assistance at present? Yes _____ No _____

B. If yes, please complete:

<u>Name of Grant/Loan</u>	<u>Name of Scholarship</u>
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1. _____	1. _____
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2. _____	2. _____
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3. _____	3. _____
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4. _____	4. _____
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Current Amount of Tuition/Fees: _____

C. If you are awarded a scholarship for Chi Eta Phi Sorority, Inc., for what purpose will you use it?

Signature of Applicant

Date