

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: _____

Aliene C. Ewell Scholarship

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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:

Name of Grant/Loan _____ Name of Scholarship _____

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

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