

CHI ETA PHI SORORITY, INC.
ZETA CHAPTER, RICHMOND, VA
HOWARD-THOMPSON NURSING SCHOLARSHIP APPLICATION

1. Applicant Information

Name: _____

Last

First

Middle Initial

Current Address: _____

City: _____ State: _____

Zip Code: _____ Telephone (with area code): _____

Cell phone (with area code): _____

E-mail address: _____

Permanent Address (if different than above): _____

City: _____ State: _____

Zip Code: _____

Date of birth: _____ Place of birth: _____

Check one: Single Married Divorced Widowed

Are you a citizen of the United States? Yes No

If not, are you a permanent resident of the United States? Yes No

Please explain circumstances: _____

Character References (Please provide names, phone num & addresses for two individuals who are not related to you)

Name	Address	Area Code & Num	Relationship
Name	Address	Area Code & Num	Relationship

2. FAMILY INFORMATION

Father _____
Name _____ Address _____ Occupation _____

Mother _____
Name _____ Address _____ Occupation _____

Number of siblings ____ **Ages of siblings** _____

Number of persons dependent on parents ____

Spouse _____
Name _____ Address _____ Occupation _____

Number of persons dependent on applicant and/or spouse ____

3. EDUCATION

College/University/ School of Nursing	City/State	Years Of Attendance	Degree/ Diploma
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Educational Level/Status (Sophomore, Junior, etc.): _____

4. EMPLOYMENT STATUS

Are you currently employed? ____ **Yes** ____ **No** (If yes, check one: **full time**; **part time**)

Name and address of employer: _____

Type of work: _____

State of Licensure (If Licensed Practical Nurse or Certified Nursing Assistant) _____

5. EXTRACURRICULAR ACTIVITIES

List active club and community organization memberships: _____

List memberships in Honorary Societies: _____

List offices held (include dates): _____

List awards, honors or citations (include year received): _____

List Sorority/Fraternity name(s) that you are a member of: _____

6. FINANCIAL STATUS

Please complete a description of all financial assistance received below (include dates):

Name of Grant/Loan/Other Assistance

1. _____

2. _____

3. _____

4. _____

Name of Scholarship

1. _____

2. _____

3. _____

4. _____

Please provide pertinent information regarding estimated yearly income, existing financial obligations or any other information that would be helpful in assessing your financial need for this scholarship:

If you are awarded a Zeta Chapter scholarship, what will it be used for? _____

7. BRIEF ESSAY: Why did you choose nursing as a career and what is your expectation?

(May use a separate sheet)

8. ATTACHMENTS. Please attach the following items:

1. Recent transcript, including last semester attended and number of credits earned.
2. Recent financial information/statement from School of Nursing, including specific tuition costs per term/ semester.
3. Letter(s) of reference from instructor or School Administrator (current or within the last 3 years).
4. Letter of reference from sponsoring member.
5. Biographical sketch or letter from applicant. (Must be at least 750 words)
6. Photograph of applicant (3X5 b/w glossy finish preferred, color accepted). Please attach to the biographical sketch or to the lower right corner of this page.
7. Copy of nursing school curriculum, including credits needed to complete program.

9. Please submit completed application electronically to Zeta Chapter at the email address noted in the cover letter included with this application by the required deadline date. NOTE: Application must be received by the deadline date.

Signature of Applicant

Month **Day** **Year**

FOR CHAPTER USE ONLY

CHAPTER COMMENTS REGARDING APPLICANT OR OTHER INFORMATION FOR CONSIDERATION: