

**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 |
|-------|---------|-----------------|--------------|
| _____ | _____   | _____           | _____        |
| _____ | _____   | _____           | _____        |

## 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/<br>School of Nursing | City/State | Years<br>Of Attendance | Degree/<br>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

Name of Scholarship

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

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:**

- 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:**

[illegible]