

**ΒΣΦ**

**BETA SIGMA PHI**

**Chapter 5150**

**Gamma XI**

**Claxton, GA 30417**

**SCHOLARSHIP APPLICATION 2023**

DEADLINE FOR APPLICATION TO BE

COMPLETED AND TURNED INTO THE SCHOOL 3-29-23

***Very Important!***

**Instructions:**

**Please print or type in black ink.**

**Do not reproduce this form other than by copying.**

**Do not attach anything to this form, i.e. transcript, etc.**

**YOU MUST LIVE IN EVANS COUNTY TO BE ELIGIBLE FOR THIS SCHOLARSHIP.**

Name:       Age:

Mailing Address:

Street :

City:       State:       Zip:

Telephone Number:

Grade Point Average (if known) (on a 4.0 scale):

Class Rank (if known):

ACT Score:

or

SAT Score:

Name of the High School you are attending:

Are you the first person in your family to go to college?

Parent or Legal Guardian Name:

Mailing Address:

Street :

City:       State:       Zip:

Parent or Legal Guardian Name:

Mailing Address:

Street :

City:       State:       Zip:

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Where do you plan to go to college?

When do you plan to start college?

What do you plan on majoring in?

What *specialty/major* do you plan to major in as you continue your education?

Will you be a full time student?

Will you be a commuting student?

Will you live on campus?  If no, where will you be living?

List any academic honors, awards and membership activities while in high school:

Click here to enter text.

List your hobbies, outside interests, extracurricular activities and school related volunteer activities:

Click here to enter text.

List your non-school sponsored volunteer activities in the community.

Click here to enter text.

Is there anything about you or your circumstances that you would like us to know? (*optional)*

Click here to enter text.