



**BETA SIGMA PHI**

Chapter 5150

Gamma XI

Claxton, GA 30417

**SCHOLARSHIP APPLICATION 2025**

DEADLINE FOR APPLICATION TO BE  
COMPLETED AND TURNED INTO THE SCHOOL 3-28-2025

*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? YES \_\_\_\_\_ NO \_\_\_\_\_

Name and address of your parent(s) or legal guardian(s):

Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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? YES \_\_\_\_\_ NO \_\_\_\_\_

Will you be a commuting student? YES \_\_\_\_\_ NO \_\_\_\_\_

Will you live on campus? YES \_\_\_\_\_ NO \_\_\_\_\_ If not, where will you be living?

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

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

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

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

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