

BETA SIGMA PHI BURSARY APPLICATION FORM

A. Name: Last First S.I.N.  
Address: Postal Code:

Mailing Address (if different)

Home Phone: Date of Birth Year / Month / Date

Name of Father Occupation

Name of Mother Occupation

Number of Dependent Children in Family  
(list ages, indicate yourself)

Any special family circumstances

Any Beta Sigma Phi Affiliation:

B. Graduation Year / Month

Ultimate ambition:

Post Secondary Program:

College / University:

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To The Applicant: - Be sure to attach the following to this application:

- \* A transcript of your grades
\* A resume
\* An autobiographical essay outlining your academic plans and goals, to include school and community activities in which you have participated and any official positions you have held in those activities
\* Names of references ONLY (include name, occupation and phone number)
\* PLEASE use only plain white paper, pages stapled together

C. Reasons for applying for this award.

D. Proposed Budget

**Expenses:**

Tuition & Activity Fees \_\_\_\_\_

Text & Supplies \_\_\_\_\_

Accommodation \_\_\_\_\_

Transportation \_\_\_\_\_

Clothing & Personal Needs \_\_\_\_\_

Miscellaneous Expense \_\_\_\_\_

**Total Expenses:** \_\_\_\_\_

**Income:**

Savings Account \_\_\_\_\_

Parent Contribution \_\_\_\_\_

Anticipated Earnings \_\_\_\_\_

**Total Income:** \_\_\_\_\_

**Expenses - Income = Need** \_\_\_\_\_

E. Applicant's Declaration:

I will hereby declare that the information given in answer to all questions is true and complete in all aspects:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date