

BETA SIGMA PHI
BURSARY APPLICATION FORM

Name: _____
Last First

Address: _____

Mailing Address (if different): _____

Home Phone: _____ Date of Birth: _____

Name of Father: _____ Occupation: _____

Name of Mother: _____ Occupation: _____

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

Any special family circumstances?: _____

Beta Sigma Phi Affiliation (please note that this bursary is only available to those who have a mother or grandmother as a present member of a local chapter of Beta Sigma Phi): Name: _____

Relationship to you: _____

Graduation Year/Month: _____

Ultimate Ambition: _____

Post Secondary Program/Institution: _____

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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, and references (include name, occupation and phone number).

PLEASE use only **plain white paper**, pages stapled together.

Reasons for applying for this bursary:

Proposed Budget (for your post-secondary school year):

<i>Expenses:</i>	<i>Income:</i>
Tuition and Activity Fees _____	Savings Amount _____
Texts and Supplies _____	Parent Contribution _____
Food and Lodging _____	Anticipated Earnings _____
Transportation _____	
Clothing and Personal Needs _____	
Miscellaneous Expenses _____	
Total Expenses _____	Total Income _____
Expenses less Income = Need _____	

Applicant's Declaration: I hereby declare that the information given in answer to all questions is true and complete in all aspects:

Applicant's Signature

Date