



CHI ETA PHI SORORITY, INCORPORATED

APPLICATION FOR THE ALIENE CARRINGTON EWELL SCHOLARSHIP AWARD

I. APPLICANT:

A. Name: _____

B. Address: _____
City _____ State _____ Zip Code _____

Phone: _____ Cell _____

Email: _____

C. Place of Birth _____

Age Group:
17-25 26-35 36-45 46 & above

D. Check One:
Single Married Divorced Widowed Separated

E. Are you a citizen of the United States?
Yes No

II. FAMILY INFORMATION

A. Number of sibling(s) dependent on parents: _____

B. Number of children dependent on applicant and/or spouse: _____

III. ACADEMIC INFORMATION:

C. Name of College/University: _____

Expected Degree _____ Expected Graduation Date _____

D. Current Classification
Freshman Sophomore Junior Senior

IV. EMPLOYMENT STATUS

A. Are you presently employed:
Yes If yes, number of hours worked/per week: _____
No

B. Licensure
Are you currently licensed Yes No

Licensed Nurses: What state(s) are you currently registered? _____
LVN/LPN RN

V. FINANCIAL STATUS

A. Are you receiving any financial assistance at present? Yes _____ No _____

B. If yes, please complete:

<u>Name of Grant/Loan</u>	<u>Name of Scholarship</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

Current Amount of Tuition/Fees: _____

C. If you are awarded a scholarship for Chi Eta Phi Sorority, Inc., for what purpose will you use it?

Signature of Applicant

Date