



**CHI ETA PHI SORORITY, INCORPORATED®  
OPERATIONS MANUAL**

**SCHOLARSHIPS & AWARDS**

**SECTION V**



**MABLE KEATON STAUPERS NATIONAL SCHOLARSHIP APPLICATION**

**APPLICANT:**

A. Name: \_\_\_\_\_  
Last First Middle

B. Address: \_\_\_\_\_  
City State Zip Code

C. Cell/Home #: \_\_\_\_\_ Business #: \_\_\_\_\_

D. Personal Email Address: \_\_\_\_\_

- I. Please write an essay describing the contributions you are making in nursing and to the community. How does these contributions relate to the life and legacy of Mable Keaton Staupers.
- II. Please attach current curriculum vitae or resume.
- III. Document professional and community activities.

A. Contributions to Chi Eta Phi Sorority, Incorporated, including offices(s) held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. List the all professional organizations that you which you belong. If you serve in any leadership capacity, then state the office(s) held. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. List Honorary and all other societies in which you participate and office(s) held. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Effective: 2007; 2018*



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V. Additional comments related to need for scholarship assistance. (Optional)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VI. Other:

A. In what state are you currently registered? \_\_\_\_\_

B. Verify membership in the American Nurses Association.

State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*\*\*\*\*

*I certify to the best of my knowledge that the information on this application is correct and verifies my interest in the Mable Keaton Staupers National Scholarship Award of Chi Eta Phi Sorority, Incorporated.*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

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**CHAPTER USE ONLY**

**INSTRUCTIONS: This page is for the nominating chapter to complete.**

\*\*\*\*\*

- Chapter Basileus shall document briefly regarding the recommendation(s) made for the applicant/ member nominated for the *Mable Keaton Staupers National Scholarship Award*. (Add additional paper if needed.)

\_\_\_\_\_  
Signature of Chapter Basileus

Chapter	Region
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\_\_\_\_\_  
Date

**ATTACH TO THIS FORM:**

1. Essay narrative
2. Curriculum Vitae
3. Two letters of support
4. Copy of current American Nurses' Association Membership ID

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