



Alpha Omega Chapter of Beta Sigma Phi Scholarship

The Alpha Omega Chapter of Beta Sigma Phi will offer a scholarship to a graduating senior from our community. Monetary amount will be determined each year. There is a possibility more than one will be given.

General Information:

1. First consideration will be given to a student who is related (but not limited) to a member in good standing of Beta Sigma Phi.
2. The funds will be distributed directly to the institution upon receipt of evidence of enrollment.
3. The recipient will be selected by a committee formed of Alpha Omega Chapter of Beta Sigma Phi members.
4. Applications must be received by the Office of the Guidance Counselor by March 1st.

Alpha Omega Chapter of Beta Sigma Phi Scholarship Application Form

Name: _____

Date of Birth: _____

Address: _____

Telephone No. _____

Father's Name: _____

Address: _____

Mother's Name: _____

Address: _____

Name of School I plan to attend: _____

Accepted: Yes No

Major area of Study: _____

Minor: _____

if applicable

Family Member in good standing with Beta Sigma Phi:

Name: _____

Chapter Name: _____

Address: _____

Please attach the following items to this application:

1. High School Resume
2. Transcript
3. In 2 typed pages or less, indicate why you would like to be considered for this scholarship.
4. Two recommendation letters written by a former or present teacher, employer, coach etc.

Applicant's Signature _____ Date: _____