

Beta Sigma Psi Educational Foundation 2018 Scholarship Application

FINANCIAL NEED

INSTRUCTIONS

The Beta Sigma Psi Educational Foundation annually awards scholarships to Beta Sigma Psi Active and Associate Members. Scholarships are awarded in three categories: Scholastic Achievement, Financial Need, and Community Involvement. You may apply in all categories, though no applicant will receive more than one scholarship.

The recipients and dollar amounts of the scholarships are annually determined by the Foundation's Board of Directors.

All applications and letters must be POSTMARKED by May 15, 2018. All applications require the signature of the Active Chapter Treasurer, and either a campus or hometown church pastor. Scholastic Achievement and Community Involvement applications require a letter of reference. Financial Need applications require a pastor or church worker to complete part of the application. Letters of reference must also be postmarked by May 15, 2018 and sent directly by the person submitting the reference. If we do not receive a letter of reference for your application or all signatures are not complete, your application will not be considered. It is your responsibility to ensure that letters of reference are completed and returned.

Scholarship recipients will be chosen by July 15th. Recipients will be notified via e-mail. Please include your e-mail address on your application. All scholarship proceeds will be paid directly to your university during the fall semester and applied toward future tuition. Please include your Student Identification Number and the contact address and telephone number of your University Financial Aid/Bursar's Office on your application. You must be current in any payments owed the Fraternity before funds will be awarded.

If you have any questions, please contact Michael Nolte, Scholarship Chairman at 618-974-9375.

Beta Sigma Psi Educational Foundation
2018 Scholarship Application

Please type or print legibly in black ink. ⌚ Applications must be POSTMARKED by **May 15, 2018**. Signatures of your chapter treasurer and a pastor or church worker are required for application to be considered.

Section 1 - Personal Data

Your Last Name: _____ First Name: _____

University: _____ Chapter: _____

University Financial Aid/Bursar's Office Address: _____

University Financial Aid/Bursar's Office Telephone: _____

Student Identification #: _____ Year in School: Fr. So. Jr. Sr.

 Permanent Address: _____

 E-Mail Address: _____ I Live In-House Yes ___ No ___

Parents' Name: _____

Section 2 - Affidavit


I am applying for this scholarship based upon my financial need. I understand that any award by the ΒΣΨ Ed. Foundation will be made payable to my university and deposited for future tuition and fees.

 Signature: _____ Date: _____

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Last Name: _____

Section 3 - Academic/Financial Data

 Major Field of Study: _____

Minor(s) if Applicable: _____

Expected Date of Graduation: _____ GPA Last Semester: _____

Cumulative GPA and Scale Utilized: _____ on a _____ scale.

Do you have a part-time job? Yes No Number of Hours worked per Week: _____

Please describe the nature of your job and your responsibilities: _____

What percentage of your total college costs are provided by: You _____ Parents _____

Other _____ (please explain) _____

Section 4 - Chapter Treasurer's Affidavit

I verify that the applicant is current in all payments to our local chapter.

✎ Treasurer's Signature _____



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Last Name: _____

Section 5 - Reference

To be completed by a pastor or a professional church worker from the campus church or the applicant's home congregation.

Please provide your appraisal of the applicant's financial need. (Circle one)

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|-----------------------|---|---|---|---|---|---|---|---|---|----|--------------------------|
| Low Financial Need | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Strong Financial Need |
|-----------------------|---|---|---|---|---|---|---|---|---|----|--------------------------|

Briefly describe any situations or circumstances that affect this applicant's financial need. Please elaborate on details to the specific situation of the applicant and a case for his needs:

By my signature I believe the above to be true and certify the applicant is a member in good standing.

✝ Pastor or Church Worker Signature: _____

Church Name/Location: _____ Phone: _____

*As this information is confidential, please mail directly to the Beta Sigma Psi Educational Foundation in the envelope provided by the applicant. All forms must be POSTMARKED by **May 15, 2018**.*

Please mail completed application to:

Beta Sigma Psi Educational Foundation

c/o Michael Nolte, Scholarship Chairman
921 Creekside Drive, Waterloo, IL 62298
☎ 618-974-9375 ✉ noltemw@yahoo.com