Alpha Phi Chapter SCHOLARSHIP APPLICATION



Alpha Phi Chapter Chi Eta Phi Sorority, Inc.

P.O. Box 693475 Stockton, CA 95269-3475

Alphaphi.chietaphi.com

PICTURE HERE

NAME: Miss/Mrs./Mr			PAGE 1 OF
	Last	First	MI
ADDRESS:			
Street			City/State/Zip
PHONE	CELL_		EMAIL
Applicant must be prese	ntly enrolled i	n an accredited reg	istered nursing program
NURSING PROGRAM:			Semester 1 2 3 4
EDUCATIONAL HISTOR Name of School	RY	City, State/zip	Diploma/Degree/ Yr Received
High School:			17 Received
Higher Education:			

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PROFESSIONAL INFO	PAGE 2 of 3	
NAME OF PROFESSION	N	
ADDRESS		
Street		City/state/zip
Phone()	email	
EMPLOYMENT EXPE	RIENCE	
Place of Employment	Job Title	DutiesResponsibilities
SPECIAL ACTIVITIES	5 – COMMUNITY/VOLU	JNTEER ACTIVITIES
AWARDS:		
OTHER:		

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WHY I SHOULD RECEIVE THIS SCHOLARSHIP?

(Please write a statement)				
Signature	date			
Mail to: M. Floyd Okanlawon, Scholarship Chair				
Alpha Phi Chapter				
Chi Eta Phi Sorority, Inc.				
P.O. Box 693475 Stockton, CA 95269				
Deadline: April 1				
Attach copy of: Official transcript, Nursing	g Program schedule and 2 letters of			
recommendation				