

BETA SIGMA PHI  
BURSARY APPLICATION FORM

Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

Number of Dependent Children in the Family (list ages, indicate yourself)

\_\_\_\_\_

Any special family circumstances?: \_\_\_\_\_

\_\_\_\_\_

**Beta Sigma Phi Affiliation (please note that this bursary is only available to those who have a mother or grandmother as a present member of a local chapter of Beta Sigma Phi):** Name: \_\_\_\_\_

\_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

Graduation Year/Month: \_\_\_\_\_

Ultimate Ambition: \_\_\_\_\_

Post Secondary Program/Institution: \_\_\_\_\_

---

To the applicant: Be sure to attach the following to this application: A transcript of your grades, a resume, an autobiographical essay outlining your academic plans and goals, to include school and community activities in which you have participated and any official positions you have held in those activities, and references (include name, occupation and phone number).

PLEASE use only **plain white paper**, pages stapled together.

Reasons for applying for this bursary:

Proposed Budget (for your post-secondary school year):

<i>Expenses:</i>	<i>Income:</i>
Tuition and Activity Fees _____	Savings Amount _____
Texts and Supplies _____	Parent Contribution _____
Food and Lodging _____	Anticipated Earnings _____
Transportation _____	
Clothing and Personal Needs _____	
Miscellaneous Expenses _____	
Total Expenses _____	Total Income _____
Expenses less Income = Need _____	

Applicant's Declaration: I hereby declare that the information given in answer to all questions is true and complete in all aspects:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

