**SIGMA CHI CHI CHAPTER, INC.**

**CHI ETA PHI SORORITY, INCORPORATED**

Founder

Aliene C. Ewell, BSN, RN

**Sigma Chi Chi Chapter, Inc.**

P.O. Box 673

Alexander, AR 72002

Legal name in full \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Type) Last First MI

Permanent Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number, Street, Apt No.

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

 City State Zip Code

Your Address at School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If Different) Number, Street, Apt No.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City State Zip Code

Home Telephone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Telephone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_

Check One: I am a

\_\_\_\_ U.S. Citizen \_\_\_\_ U.S. National \_\_\_\_Resident Alien expecting Citizenship by

Resident (At least 2 must apply)

* Home address for school registration
* Family’s primary residence
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Nursing School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current cumulative GPA \_\_\_\_\_\_\_\_\_\_\_ on a scale of 4.0

Your undergraduate major(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of College Credits to date \_\_\_\_\_\_\_\_\_\_ Total number of credits required for graduation \_\_\_\_\_\_\_\_\_\_

Degree applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected date of graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please provide 2 letters of reference (one from the school and one personal reference) Send these in an email to** **SigmaChiChiScholarship@gmail.com** **or mail to P.O. Box 673 Alexander, AR 72002**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Write an essay 250-500 words that describes why you desire to become a nurse and/or continue your education in nursing.**

Send this as a Word Document to the email

SigmaChiChiScholarship@gmail.com

1. **Provide college transcript**

**sealed if mailed to:**

Sigma Chi Chi Chapter, Inc.

P.O. Box 673

Alexander, AR 72002

**Or an official school transcript can email to:**

SigmaChiChiScholarship@gmail.com

1. **List the community /extracurricular activities.**
2. **Describe leadership roles you are or have been actively involved in.**
3. **Work History**
4. **Awards and recognition**
5. **What additional personal information do you wish to share with the members of Sigma Chi Chi Chapter?**

CHAPTER USE ONLY

Brief comments regarding applicants’ interview\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature of Chapter President

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

 Signature of Chapter Scholarship Chairman

Chapter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make sure you attach the following:

1. Current official transcript (last semester attended), i.e., Summer, Spring, Fall

Sealed transcripts can be mailed to:

**Sigma Chi Chi Chapter, Inc.**

P.O. Box 673

Alexander, AR 72002

or

Emailed from college to:

SigmaChiChiScholarship@gmail.com

1. Letter of reference from the instructor and/or an administrator (email to SigmaChiChiScholarship@gmail.com)
2. Letter of personal reference (emailed to SigmaChiChiScholarship@gmail.com)
3. 250–500-word essay (Word document emailed to SigmaChiChiScholarship@gmail.com)
4. Signed completed application and (email to SigmaChiChiScholarship@gmail.com)

Sigma Chi Chi Scholarship Checklist:

1. All information is typed (including the application).
2. Current Transcript available for 60 days
3. No blanks on the application
4. Essay with a title
5. Each document is labeled correctly, i.e., Ledbetter-transcript, Ledbetter-application, and Ledbetter-essay.