BETA SIGMA PHI BURSARY

Conditions

- Awarded to a student who is proceeding to post-secondary training or education in any field.
- ♦ The recipient will be based on: need, marks and community involvement.
- ◆ Preference will be given to a student who has a Beta Sigma Phi affiliation (mother or grandmother) are a current member -Cowichan Valley Area Council.
- Beta Sigma Phi member if they meet the requirements.
- ◆ The amount of the award shall be paid upon proof of acceptance at your chosen institution. This must be at the same level as indicated on your application.
- Student financial need should be indicated.

ONE BURSARY - \$500 Please apply on SPECIAL APPLICATION FORM

Contact Person

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BETA SIGMA PHI BURSARY APPLICATION FORM

Name:	Last	First	-
Address:	()		-
Mailing Addr	,		-
		Date of Birth:	-
Name of Father:		Occupation:	-
Name of Mother:		Occupation:	_
Number of D	ependent C	hildren in the Family (list ages, indicate yourself)	
Any special t	family circun	nstances?:	-
Beta Sigma	Phi Affiliati mother or s	ion (please note that this bursary is only available to grandmother as a present member of a local chapter Name:	
Relationship	− p to you:		
Graduation \	/ear/Month:		
Ultimate Aml	bition:		
Post Second	lary Progran	n/Institution:	

To the applicant: Be sure the 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):						
Expenses:		Income:				
Tuition and Activity Fees		Savings Amount				
Texts and Supplies		Parent Contribution				
Food and Lodging		Anticipated Earnings				
Transportation						
Clothing and Personal Needs						
Miscellaneous Expenses	displaced to a formation desired and the state of the sta					
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				