



CHI ETA PHI SORORITY, INCORPORATED ®

“Professional Nursing Organization”

3029 13th St., NW ♦ Washington, D.C. 20009 ♦ (202) 232-3858 ♦ FAX (202) 232-3460

<https://chietaphi.org/>

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Immediate Past President

Chi Chi Chi Chapter Nursing Scholarship Application

APPLICANT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Year of Birth: _____ Place of Birth: _____

Marital Status: Single _____ Married _____ Divorced _____

Widowed _____ Separated _____

Are you a citizen of the United States? Yes _____ No _____

If not, are you a permanent resident of the United States? Yes _____ No _____

CHARACTER REFERENCES (names and contact information of two peers who are not relatives):

Name Email

Name Email

EDUCATION:

High School Street Address

City State Zip

“Service for Humanity”



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EDUCATION, Cont'd

Undergraduate

Street Address

City

State

Zip

Degree

Years of Attendance

Graduated (Y or N)

Graduate School

Street Address

City

State

Zip

Degree

Years of Attendance

Graduated (Y or N)

EMPLOYMENT STATUS:

Current Employer

Street Address

City

State

Zip

Job Title: _____

Full time: Part-time _____ PRN _____

Are currently licensed as an RN? _____

If so, which states? _____

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EXTRA-CURRICULAR ACTIVITIES:

List all professional clubs/organizations of which you are a member?

Do you hold any offices in any of these organizations? If so, what office and for how long?

List all awards and honors you have received in college. _____

Do you belong to any other sorority or fraternity? If so, which one? _____

Please forward an unofficial copy of your transcript and this completed application to scholarshipchichichi@gmail.com

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