

Beta Sigma Phi Sue Strah Memorial Scholarship Application Form

Applicant # _____

Name

Home Address

Phone number

Parent(s) or Guardian(s)

1. GPA

2. Attendance for 1st semester senior year:

Total days missed

School/Doctor Excused

3. Honors and/or school related activities

4. Other interests and work experience

5. My education (college/trade schools) and career plans (including name of school)

6. Why should you be considered for this scholarship?

7. Please attach a letter of recommendation from a non-family member.

Please attach a transcript.

(The maximum number of points given for each section is 10 (questions 1-7).)