

**CHI ETA PHI SORORITY, INC.**  
**ZETA CHAPTER, RICHMOND, VA**  
**HOWARD-THOMPSON NURSING SCHOLARSHIP APPLICATION**

**1. Applicant Information**

Name: \_\_\_\_\_  
Last First Middle Initial

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone (with area code): \_\_\_\_\_

Cell phone (with area code): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Permanent Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Check one:  Single  Married  Divorced  Widowed

Are you a citizen of the United States?  Yes  No

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

Please explain circumstances: \_\_\_\_\_

\_\_\_\_\_

**Character References (Please provide names, phone num & addresses for two individuals who are not related to you)**

Name	Address	Area Code & Num	Relationship
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Name	Address	Area Code & Num	Relationship
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**2. FAMILY INFORMATION**

**Father** \_\_\_\_\_  
Name Address Occupation

**Mother** \_\_\_\_\_  
Name Address Occupation

Number of siblings \_\_\_ Ages of siblings \_\_\_\_\_

Number of persons dependent on parents \_\_\_\_\_

**Spouse** \_\_\_\_\_  
Name Address Occupation

Number of persons dependent on applicant and/or spouse \_\_\_\_\_

**3. EDUCATION**

College/University/ School of Nursing	City/State	Years Of Attendance	Degree/ Diploma
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Educational Level/Status (Sophomore, Junior, etc.): \_\_\_\_\_

**4. EMPLOYMENT STATUS**

Are you currently employed? \_\_\_ Yes \_\_\_ No (If yes, check one: \_\_\_ full time; \_\_\_ part time)

Name and address of employer: \_\_\_\_\_

Type of work: \_\_\_\_\_

State of Licensure (If Licensed Practical Nurse or Certified Nursing Assistant) \_\_\_\_\_

**5. EXTRACURRICULAR ACTIVITIES**

List active club and community organization memberships: \_\_\_\_\_

List memberships in Honorary Societies: \_\_\_\_\_

List offices held(include dates): \_\_\_\_\_  
\_\_\_\_\_

List awards, honors or citations(include year received): \_\_\_\_\_  
\_\_\_\_\_

List Sorority/Fraternity name(s) that you are a member of: \_\_\_\_\_  
\_\_\_\_\_

**6. FINANCIAL STATUS**

Please complete a description of all financial assistance received below(include dates):

Name of Grant/Loan/Other Assistance

Name of Scholarship

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

4. \_\_\_\_\_

Please provide pertinent information regarding estimated yearly income, existing financial obligations or any other information that would be helpful in assessing your financial need for this scholarship:

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

If you are awarded a Zeta Chapter scholarship, what will it be used for? \_\_\_\_\_

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

**7. BRIEF ESSAY: Why did you choose nursing as a career and what is your expectation?**

(May use a separate sheet)

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

**8. ATTACHMENTS. Please attach the following items:**

1. Recent transcript, including last semester attended and number of credits earned.
  2. Recent financial information/statement from School of Nursing, including specific tuition costs per term/ semester.
  3. Letter(s) of reference from instructor or School Administrator (current or within the last 3 years).
  4. Letter of reference from sponsoring member.
  5. Biographical sketch or letter from applicant. (Must be at least 750 words)
  6. Photograph of applicant (3X5 b/w glossy finish preferred, color accepted). Please attach to the biographical sketch or to the lower right corner of this page.
  7. Copy of nursing school curriculum, including credits needed to complete program.
9. Please submit completed application electronically to Zeta Chapter at the email address noted in the cover letter included with this application by the required deadline date. NOTE: Application must be received by the deadline date.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

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**FOR CHAPTER USE ONLY**

**CHAPTER COMMENTS REGARDING APPLICANT OR OTHER INFORMATION FOR CONSIDERATION:**

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