

**TAU CHI CHAPTER, INCORPORATED**

**CHI ETA PHI SORORITY, INCORPORATED®**

***“Professional Nursing Organization”***

**RELEASE OF INFORMATION FORM**

I, (Print Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that the application and supporting documents forwarded to the Scholarship Committee will become the sole property of Tau Chi Chapter, Incorporated of Chi Eta Phi Sorority, Incorporated. I further understand that my information will not be shared with any other organization.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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Description automatically generated



**TAU CHI CHAPTER, INCORPORATED**

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***“Professional Nursing Organization”***

**THE JACQUELINE RAGIN MEMORIAL SCHOLARSHIP AWARD**

**THE DOROTHY GIVENS MEMORIAL SCHOLARSHIP AWARD**

**SCHOLARSHIP APPLICATION FORM**

1. **BIOGRAPHICAL DATA:**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Present Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  |  | | | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Permanent Address: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Home Number: ( | )\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Number: ( | | | ) \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Cell Number: ( | )\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | |  |  | | |
| Student Identification Number: \_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

How long have you lived in New Jersey? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **PERSONAL COMMITTMENTS:**

Marital Status:

Single\_\_\_\_\_ Married\_\_\_\_\_ Divorced\_\_\_\_\_

Widowed\_\_\_\_\_ Separated\_\_\_\_\_

Number of persons dependent on applicant/spouse for financial support: \_\_\_\_\_\_\_\_

Employment: Full-time \_\_\_\_\_\_\_Part-time \_\_\_\_\_\_Not currently employed \_\_\_\_\_\_\_

1. **FINANCIAL INFORMATION:**

Student Status: Full-Time\_\_\_\_\_ Part-Time\_\_\_\_\_\_\_Present Year\_\_\_\_\_\_

Name of College/School of Nursing attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV.** **EDUCATIONAL BACKGROUND:**

College(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree Obtained \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **PERSONAL STATEMENT ESSAY**

Please attach a type-written, 12-point font, double-spaced, 350-word essay detailing your current area of study and why you deserve consideration for this scholarship. Please include your educational and career goals and how your current course of study will promote service to humanity.

**VI.** **COMMUNITY INVOLVEMENT/ACTIVITIES**

Please **detail** all community service activities performed in the past 12 months.

Include name and address of organizations.

**VII.** **APPLICANT CERTIFICATION**

I believe I am eligible to receive a memorial scholarship award. I certify that all statements made with this application are complete and accurate. I understand that the decision of Tau Chi Chapter, Incorporated is final and that the scholarship committee reserves the right to withdraw the scholarship offer if any inconsistencies are found in the application process.

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

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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**SCHOLARSHIP APPLICATION CHECKLIST**

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* **COMPLETED APPLICATION WITH SIGNATURE**
* **ONE (1) OFFICIAL SCHOOL TRANSCRIPT**
  + **TWO (2) LETTERS OF RECOMMENDATION FROM FACULTY OR PROGRAM DEAN/DIRECTOR**
  + **RELEASE OF INFORMATION FORM**
  + **PERSONAL STATEMENT/ESSAY**

**DEADLINE FOR RECEIPT OF APPLICATIONS AND SUPPORTING DOCUMENTS IS MAY 17th, 2024. LATE APPLICATIONS WILL NOT BE CONSIDERED.**

**ALL APPLICANTS WILL BE NOTIFIED OF THE SCOMMITTEE’S DECISION BY JUNE 30th**.