



**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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**THE JACQUELINE RAGIN MEMORIAL SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM**

I. 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? _____

II. PERSONAL COMMITMENTS:

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 _____

III. 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 _____

V. 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

- ☐ **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 23rd, 2025. LATE APPLICATIONS WILL NOT BE CONSIDERED.**

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