

Chi Eta Phi Sorority, Incorporated



TAU CHI CHAPTER, NEW JERSEY

APPLICATION FOR

THE MARY L. STEELE REIVES SCHOLARSHIP AWARD FOR STUDENT NURSES

I. Biographical Data:

1. Full Name: _____

2. Name Preferred: _____

3. Present Address: _____

4. Permanent Address: _____

5. Home Telephone: () _____
Area code Number

Business/Work: _____ Cell Phone: _____

E-mail: _____

6. Birth Date: _____ 7. Place of Birth: _____
month - date - year

8. Social Security Number _____

9. Marital Status: Single _____ Married _____ Divorced _____ Separated _____

10. Are you a permanent resident of the United States? Yes _____ No _____

APPLICATION

II. Family Information:

1. Father or guardian _____ Occupation _____
Address _____
2. Mother _____ Occupation _____
Address _____
3. Applicant's Spouse _____
4. No. of Children _____ Ages _____
5. Applicant's Siblings _____ Ages _____
6. Number of persons dependent on parent/guardian for financial support: _____
7. Number of persons dependent on applicant/spouse for support: _____

III. Financial Information:

1. Are you presently receiving any financial assistance? Yes _____ No _____
If yes, is it a loan or scholarship? _____ source _____
2. Student status: Full-time _____ Part-time _____ Present year _____
3. College/School of Nursing you are attending _____
Address _____
4. If you are awarded a scholarship from CHI ETA PHI SORORITY, INC., for what purpose will you use it? _____

5. Describe any personal information concerning your own financial obligations that would be helpful in assessing your financial need for the scholarship. _

IV. Educational Background:

1. Schools Attended _____
High School _____
Address _____
Other Schools/Colleges _____
Address _____

- V. Please use the space below to write a statement concerning your interest in nursing.

VI. Community involvement/activities.

VII. Is there any information that is not requested in any part of this application that you believe is pertinent? If so, please state it here.

Mail completed applications post marked by **Saturday, May 7, 2011** to:

***Melissa Banks, RN
Scholarship Chairperson
Chi Eta Phi Sorority, Inc – Tau Chi Chapter
Mary L. Steele Rieves Scholarship Award
540 Yale Avenue
Hillside, NJ 07205***

Signature _____ Date: _____

CHI ETA PHI SORORITY, INCORPORATED



Mary L. Steele Reives Scholarship

Financial Aid Certification

(This form is to be completed by a Financial Aid Administrator at your school)

Name: _____

Student Identification Number: _____

Please provide us with the most current information available on the above named student.

1) What is the total Cost of Attendance (COA)? \$ _____

2) For which academic year? _____ ☐ Estimate ☐ Actual

3) Estimated budget/expenses for the 2011-2012 academic year:

Tuition/Fees _____

Loans _____

Books _____

Housing _____

Transportation _____

Personal/Misc. _____

4) What is the Estimated Family Contribution (EFC)? _____

5) Using the 4.0 scale, what is the student's current cumulative grade point average? _____

6) Is this student a U.S. Citizen or an Alien with U.S. Permanent Resident Status? _____

7) What is the per credit tuition rate for 2011 - 2012 ? _____

8) Type of School: ☐ Public ☐ Private Not-for Profit ☐ Private For-Profit

9) Estimate of financial need to support tuition, academic fees, and books for this student:

☐ Very High ☐ High ☐ Moderate ☐ Low ☐ No Need

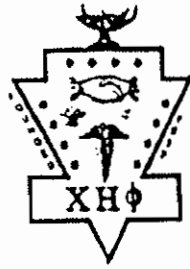
FAA Name: _____ Title: _____

Signature: _____ Date: _____

School: _____

Phone (_____) _____ Ext: _____ Email: _____

CHI ETA PHI SORORITY, INCORPORATED



TAU CHI CHAPTER, NEW JERSEY

Application Submission Checklist

- ☐ Mary L. Steele Reives Scholarship Application
- ☐ 1 Official Transcript
- ☐ Official Financial Statement
- ☐ 2 **Faculty** recommendation letters

Note: No electronic submission accepted.

All applicants will be notified of the outcome by August 2011.