The Beta Sigma Phi Scholarship was established in 2013 by members of the Kappa Omega Chapter of Beta Sigma Phi. The scholarship is given in honor and support of females who serve their community. The amount will be $1000 awarded to one recipient for East Georgia State College and $1000 awarded to one recipient for Southeastern Technical College.

TO BE CONSIDERED FOR THE SCHOLARSHIP, APPLICANTS MUST:

1. BE A FEMALE WITH A SERVICE BACKGROUND
2. BE A RESIDENT OF MANUEL COUNTY
3. MUST BE ATTENDING OR HAVE BEEN ACCEPTED AND BE ENROLLED IN SOUTHEASTERN TECHNICAL COLLEGE, EAST GEORGIA STATE COLLEGE OR BE A SENIOR ENROLLED AT ONE OF THE FOLLOWING SCHOOLS:
   a. SWAINSBORO HIGH SCHOOL
   b. MANUEL COUNTY INSTITUTE
   c. DAVID MANUEL ACADEMY
4. HAVE MAINTAINED AT LEAST A 3.0 GPA (CUMULATIVE) FOR YOUR HIGH SCHOOL CAREER.
5. COMPLETE THE APPLICATION FORM
6. PROVIDE 2 LETTERS OF RECOMMENDATION FROM A SCHOOL ADMINISTRATOR, COUNSELOR, TEACHER, CLERGY, OR COMMUNITY LEADER
7. SUBMIT A SHORT ESSAY DESCRIBING YOURSELF, YOUR SERVICE, YOUR FUTURE PLANS, AND HOW THIS SCHOLARSHIP WILL BENEFIT YOU.
8. MAIL OR HAND DELIVER THIS APPLICATION, ALONG WITH TWO LETTERS OF RECOMMENDATION TO THE SCHOOL YOU ARE OR WILL BE ATTENDING BY APRIL 1ST, 2013:

   1. EAST GEORGIA STATE COLLEGE
      ATTN: ELIZABETH GILMER
      131 COLLEGE CIRCLE
      SWAINSBORO, GA 30401

   2. SOUTHEASTERN TECHNICAL COLLEGE
      ATTN: CHARLA NAIL
      STC FOUNDATION
      3001 E. 1ST STREET
      VIDALIA, GA 30474
BETA SIGMA PHI SCHOLARSHIP APPLICATION

Personal Information

Name___________________________
Gender ___ Male ___ Female
Social Security # __________________
Date of Birth ___________________
Home Phone ( ) __________________
Permanent Address __________________________
City __________________ State ___________ Zip ___________
Email Address __________________________

Other Eligibility Information
State of Legal Residence __________
County of Legal Residence __________
High School that you were/are currently enrolled __________________________
Cumulative GPA _________ (please have your high school counselor initial)

Honors and Activities

Honors
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Activities and Offices Held
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Additional Information Relevant to Your Service
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
CERTIFICATION

By completing this application, I certify that:

1. The information that I have submitted herein and related to this application process is true and correct.
2. If awarded, I agree to fulfill the established criteria of the award granted, enroll full-time, and use the proceeds of the award for payment toward tuition and required fees.
3. I understand that I must deliver all required admission and scholarship documents and be accepted for admission to Southeastern Tech or East Georgia State College.
4. I agree that if I do not complete a full year at the designated college, I will pay the college back the scholarship amount in full.
5. The Kappa Omega Chapter of Beta Sigma Phi has my permission to release academic and general information regarding my acceptance of and affiliation with an aware to applicable parties including, but not limited to, the media.

__________________________________________  _________________
Student Signature                          Date