

Sigma Theta Tau International Chapter Scholarship Application

Date : _____

Personal Data

Name : _____

School Address : _____

Permanent Address : _____

Education

Undergraduate:

Institution : _____ Dates Attended: _____

Degree: _____ GPA: _____

Honors/Awards: _____

Graduate:

Institution: _____ Dates Attended: _____

Degree: _____ GPA: _____

Honors/Awards: _____

Doctoral:

Institution: _____ Dates Attended: _____

Program of Study: _____

Thesis Topic: _____

Date of Completion: _____

Current Professional Occupation (If applicable): _____

Professional Associations/Memberships: _____

Are you a Sigma Theta Tau International member? Yes No
Have you been the recipient of a Sigma Theta Tau International scholarship in the past? If so, please
give name of awarding chapter: _____

Statement of Need:

Attachment should include a transcript of undergraduate records and graduate work completed, CV and letters of recommendation from two faculty and one professional associate.