



**Lambda Chi Chapter
Scholarship Application ■**

Date: _____

Personal Data

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: _____

Degree: _____ GPA: _____

Honors/Awards: _____

Program of Study: _____

Thesis Topic: _____

Date of Completion: _____

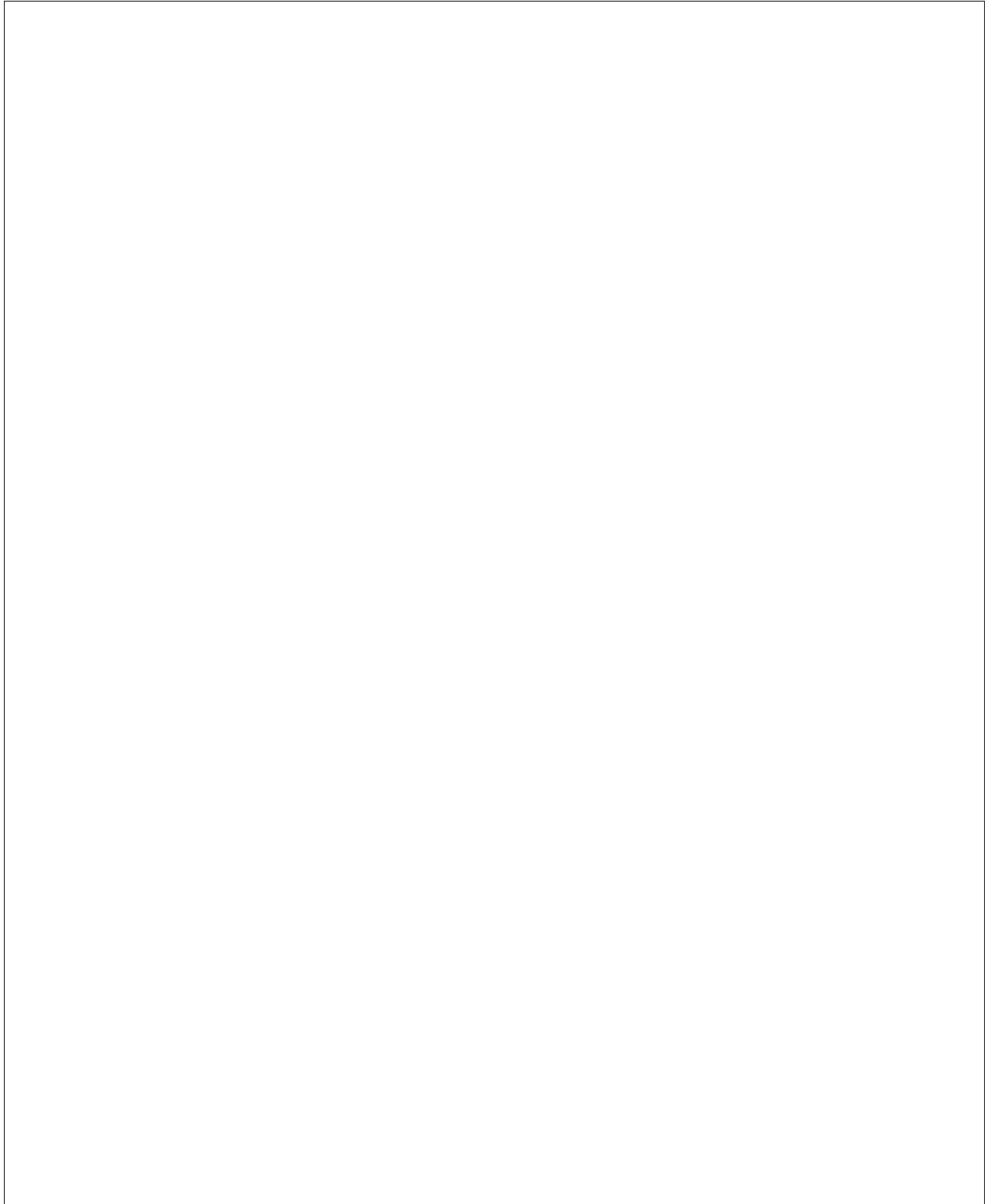
Current Professional Occupation (if applicable): _____

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:

A large, empty rectangular box with a thin black border, intended for the applicant to write their Statement of Need. The box occupies most of the page's vertical space.

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

10/2003