

BETA SIGMA PHI AWARD

You are invited to apply for the BETA SIGMA PHI AWARD

The candidate

- 1) should be a female student able to demonstrate financial need
- 2) must be in full-time attendance and have a satisfactory standing
- 3) must have completed at least one full year of post secondary education
- 4) must be a Canadian citizen or a permanent resident of Canada and a resident of Windsor or Essex County

Applications are available at the Student Awards Office.

DEADLINE: October 31st.

REQUIREMENTS

1. All answers must be typewritten or printed in ink.
2. It is essential that all questions be answered by the applicant. If a question is inapplicable or unknown, then so state. Incomplete applications will not be considered.
3. One sealed letter of reference from a person who is not a relative is required. A teacher or a person in the community who has known the applicant for at least two years would be an appropriate reference.

BETA SIGMA PHI
AWARD APPLICATION

PART 1 PERSONAL DATA

1. Name

First

Middle

Last

2. Local Address:

3. Permanent Address

(If different from above)

4. Telephone number

5. Citizenship

6. High School attended

Location

7. a) University/College current program

b) Current year of study

PART 2 MARITAL STATUS

Answer only the questions in the category that applies to you. (A, B, or C)

A) Married/Common Law Relationship

Spouse's place of employment

Spouse's annual income

Number of dependents

If Single answer the questions in B or C not both

B) Single living with parents/guardians

Mother's Place of Employment _____

Mother's annual income _____

Father's place of employment _____

Father's annual income _____

Number of dependents besides yourself _____

C) Single living independently

Dependents and their ages _____

PART 3 INCOME

1. List & specify all monies received each month.

(E.g. Ontario Works, Social Assistance, Ontario Disability Program, E.I.,
Maternity, Parental, or Sickness Benefits)

AMOUNT

SOURCE

2. List all Scholarships, Bursaries and /or Rewards either received or applied for.

(Note: Indicate if you have not actually received these.)

AMOUNT

NAME OF DONOR

4. Have you or will you receive money from OSAP ? If so, how much?

5. Did you work during the summer preceding this school year?

Place of Employment _____

Gross Summer Earnings _____

6. Are you currently employed? _____

Place of Employment _____

Average monthly earnings _____

PART 4 EXPENSES

List all your expenses for this school year
(e.g. tuition, books, transportation, rent, medical, child care, etc)

EXPENSE	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PART 5 SUMMARY

a) List your career objectives

b) If you wish to make any additional comments or have special circumstances you may do so on the back of this page.