

## **Application for Wenderoth Scholarship**

This program is funded by the Phi Sigma Kappa Foundation and administered by the Grand Chapter of Phi Sigma Kappa.

| Delitooi:  | Chapter/Colony:  |   |
|--|--|---|
| Full Name:   | Email:   |   |
| Home Mailing Address:  | F  | Phone:                                    |
| City:  | S  | tate:Zip:                                 |
| Parent Name(s):  |  |   |
| Student ID#:   | Grad Date: (MM/YY) De  | egree:                                    |
| Undergraduate Major:   | Minor (if a  | applicable):                              |
| (To be eligible, the applicant must h<br>maintained at least a B average.)                       | ave completed at least two semesters or thr  | ee quarters of study and must have        |
| FINANCIAL INFORMATION  |  |   |
|  | and amounts that you have received for the c   | urrent academic year.                     |
|  |  | urrent academic year.                     |
|  |  | urrent academic year.                     |
|  | • • • • •  | urrent academic year.                     |
| SCHOOL OFFICIAL'S CER' This is to certify that the applicant n                                   | • • • • •  | anding at this institution and has a      |
| SCHOOL OFFICIAL'S CER' This is to certify that the applicant n                                   | ****  TIFICATION  amed above is a full-time student in good sta                      | anding at this institution and has a      |
| SCHOOL OFFICIAL'S CER' This is to certify that the applicant recumulative grade point average of | ****  TIFICATION  amed above is a full-time student in good sta                      | anding at this institution and has a tem. |
| SCHOOL OFFICIAL'S CER' This is to certify that the applicant recumulative grade point average of | ****  FIFICATION  amed above is a full-time student in good sta on a grade point sys | anding at this institution and has a tem. |

## CHAPTER OFFICERS' APPROVAL This application is approved by the undersigned: Signature of chapter adviser Signature of chapter president LETTERS OF RECOMMENDATION List here the name of the faculty member whom you have asked to write the letter for you and the date you made the request: Name Position/Title Date of Request **APPLICANT'S CERTIFICATION** I understand that the Wenderoth Undergraduate Scholarships are intended to benefit members of Phi Sigma Kappa who will be full-time undergraduate students during the next academic year. Therefore, I certify that after the end of the current academic year, I will have at least two full semesters or three full quarters of study to complete before receiving my undergraduate degree. I also understand that any award I may win will be paid directly to my school on my account in as many installments as there are terms in the next academic year (unless some other special arrangement is made with the Scholarship Committee), and that payment of any installment is conditioned upon my remaining a full-time student in good standing with my school and the local chapter. If selected as a finalist, I promise to submit the required essay by March 15. The information given in this application and all supporting documents is complete and accurate. Signature of Applicant Date

## INSTRUCTIONS TO THE APPLICANT

In the spaces provided, type all of the requested information and check the boxes in the Applicant's Certification section to show that you agree to and understand all rules. Obtain all required signatures and mail the completed application, with the following items, to the address listed below.

*Enclose with this application the following required items:* 

- 1. An official transcript of credits for all of your completed course work, bearing the seal of the school registrar, from each of the institutions of higher education that you have attended since high school.
- 2. A personal resume, describing your campus and fraternity activities, honors, interests, and achievements, as well as your employment experience and civic endeavors, if any.
- 3. A **recent** photograph of yourself **suitable for use** in the *Signet*.

4. Letter of recommendation from a faculty member, attesting to your scholastic ability. Note: If school regulations require the letter writer to submit the recommendation directly to the Scholarship Committee, it is your responsibility to see that the letter is sent before the deadline.

Phi Sigma Kappa International Headquarters Attn: Scholarship Coordinator 2925 East 96<sup>th</sup> Street Indianapolis, IN 46240

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| DEADLINES   |  |
|---|--|
| Application due January 31                        |  |
| Finalists notified on or about February 15        |  |
| Finalists' essays due March 15                    |  |
| Winners receive notification on or about April 15 |  |
|   |  |

## **AWARDS**

A first place scholarship in the amount of **\$5,000** and a second place scholarship in the amount of **\$2,500** will be awarded.

This application must be postmarked no later than January 31.