Sigma Theta Tau, International
Theta Pi Chapter
Scholarship Application Form

Name: _____________________________________________

Campus Address: _______________________ Home Address: ___________________

_____________________________________ ___________________

Local Phone: ________________________ Home Phone: _____________________
(or cell)

e-mail address: ___________________________________

GPA: _______________________

Verified By Registrar:

Contribution (or potential) to nursing or public benefit:

Please complete the following checklist by placing a checkmark against each item to be sure your application is complete and attach the following:

| Written statement of Professional Goals and any contributions(or potential) to nursing |
| Transcript of undergraduate and graduate work completed |
| Letters of Recommendation from two faculty members |
| Letter of Recommendation from one professional associate |
| Resume or Curriculum Vitae (optional) |

________________________________________
Signature of Applicant and Date

Application Deadline: Friday, March 27, 2009
Announcement: Sunday, April 19, 2009