

**EPSILON SIGMA ALPHA INTERNATIONAL, ARIZONA COUNCIL  
SCHOLARSHIP APPLICATION  
2009-2010**

(PLEASE PRINT, LEAVE NO BLANKS)

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

SS# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE YOU BECAME AN AZ RESIDENT (2 years as resident required): \_\_\_\_\_  
(\*Complete the following if parents contributing to your education)

\*Father's NAME: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_

\*ADDRESS (if different): \_\_\_\_\_

\*Mother's NAME: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_

\*ADDRESS (if different): \_\_\_\_\_

\*AGES OF BROTHERS AND SISTERS AT HOME: \_\_\_\_\_

HIGH SCHOOL (S) ATTENDED NAME OF SCHOOL	SEMESTER HOURS COMPLETED	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____
COLLEGE (S) ATTENDED NAME OF SCHOOL	SEMESTER HOURS COMPLETED	DATES ATTENDED
_____	_____	_____
_____	_____	_____

NUMBER OF HOURS ENROLLED THIS SEMESTER: \_\_\_\_\_  
CUMULATIVE GPA: \_\_\_\_\_

**EMPLOYMENT**

ARE YOU PRESENTLY EMPLOYED? \_\_\_ YES \_\_\_ NO  
PART TIME \_\_\_\_\_ or FULL TIME \_\_\_\_\_  
EMPLOYER NAME: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
HOURS WORKED PER WEEK: \_\_\_\_\_

**FINANCIAL AID**

DO YOU RECEIVE FINANCIAL AID? \_\_\_ YES \_\_\_ NO  
WHAT TYPE? \_\_\_\_\_  
IF YES, HOW MUCH: \_\_\_\_\_  
(Check) ANNUALLY \_\_\_\_\_ MONTHLY \_\_\_\_\_

**FUTURE EDUCATION & CAREER PLANS**

COLLEGE MAJOR: \_\_\_\_\_  
COLLEGE: \_\_\_\_\_  
CAREER PLANS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **REQUIRED APPLICATION DOCUMENTS**

**1) ESSAY EXPLAINING:**

- a. EXTRACURRICULAR ACTIVITIES
- b. FINANCIAL NEED (IN DETAIL)

**2) TWO (2) LETTERS OF RECOMMENDATION**

- a. ONE ACADEMIC AND ONE NON-ACADEMIC

**3) AN OFFICIAL COPY OF STUDENT'S TRANSCRIPT** (May be sent directly to Scholarship Chairman)

Mail application and all required documents to:

Donna McAvoy  
Arizona Council Scholarship Chairman  
302 N. Sycamore, Unit 16  
Mesa AZ 85201

**NOTE: REFER TO THE "GUIDELINES" FOR FURTHER REQUIREMENTS**

**ALL APPLICATIONS MUST BE RECEIVED BY: FEBRUARY 28, 2010**