

**BETA SIGMA PHI
IOWA CENTRAL COMMUNITY COLLEGE
SCHOLARSHIP APPLICATION**

APPLICATIONS MUST BE RETURNED TO YOUR COUNSELOR BY FEBRUARY 1, EACH YEAR.

STUDENTS NAME: _____

PHONE# _____

STUDENTS ADDRESS: _____

FATHER'S NAME: _____

FATHER'S OCCUPATION & EMPLOYER; _____

MOTHER'S NAME: _____

MOTHER'S OCCUPATION & EMPLOYER: _____

AGES OF SIBLINGS LIVING AT HOME INCULDING YOURSELF: _____

NUMBER OF FAMILY MEMBERS IN COLLEGE NOW INCLUDING YOURSELF: _____

FAMILY INCOME FOR NEED-BASED SCHOLARSHIP:

____ Below \$15,000 ____ \$15,000 - \$25,000 ____ \$25,000 - \$35,000
____ \$35,000 - \$45,000 ____ \$45,000 - \$55,000 ____ \$55,000 - \$65,000
____ \$65,000 - \$75,000 ____ ABOVE \$75,000

TO BE COMPLETED BY COUNSELOR ONLY!

CLASS RANK: _____ GPA: _____

TEST INFORMATION

Iowa Assessments PERCENTILE SCORES:

READING _____ MATH _____ SCIENCE _____

ACT _____ SAT _____

COUNSELOR SIGNATURE: _____

JOB EXPERIENCES OUTSIDE OF SCHOOL (INCLUDE DATES OF EMPLOYMENT:

_____	_____
_____	_____
_____	_____

EXTRA-CURRICULAR ACTIVITIES IN HIGH SCHOOL:

_____	_____
_____	_____
_____	_____

EXTRA-CURRICULAR ACTIVITIES IN THE COMMUNITY:

_____	_____
_____	_____
_____	_____

Explain why you desire to be considered as a candidate for this scholarship. Include any unusual circumstances that seriously affect your family's financial situation:

(Note: You may attach no more than one additional page, one sided, typed and double-spaced.)