



ALPHA SIGMA PHI FRATERNITY
alphasigmaphi.org

tbtm SCHOLARSHIP APPLICATION

Please complete this application and return the application by the deadline to the address/email address provided in the attached cover letter. All applicants will receive a confirmation email indicating that your application was received.

A committee will review all applications and may contact you to schedule an interview. Finalists for the scholarship will be invited to a special event at which the recipient(s) are announced. Should you have any questions about the process, please do not hesitate to contact the Scholarship Director at the contact information provided in the cover letter.

NAME _____

SCHOOL ADDRESS _____ CITY _____

STATE _____ ZIP _____ PERMANENT ADDRESS _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

PHONE (____) _____ - _____ HIGH SCHOOL _____ CLASS RANK _____

H.S. GPA _____ COLLEGE MAJOR _____ CLASS RANK _____ GPA _____

CURRENT YEAR: FRESHMAN SOPHOMORE JUNIOR SENIOR

PLEASE LIST ALL HONORS, ACHIEVEMENTS, AND AWARDS:

COMMUNITY SERVICE/EXTRACURRICULAR ACTIVITIES:

PLEASE DESCRIBE YOURSELF IN THREE SENTENCES:

