



CHI ETA PHI SORORITY, INCORPORATED
SOUTHEAST REGION
APPLICATION FOR THE ANITA K. BASS SCHOLARSHIP

I. INFORMATION REGARDING APPLICANT

1. NAME (MRS., MS., MR.): _____
LAST FIRST MIDDLE
2. Present Address: _____
Street/PO Box City State Zip Code
3. Permanent Address: _____
Street/PO Box City State Zip Code
4. Home Phone # _____ Cell Phone # _____ Email _____
5. Place of Birth: _____
City State Country
5. Marital Status: ____ Single ____ Married ____ Divorced ____ Widowed ____ Separated
6. Citizenship: USA _____ Other _____
If other, state what country and describe circumstance: _____
7. Church Affiliation: _____

II. INFORMATION REGARDING APPLICANT'S FAMILY

1. Father: _____
Name Address Occupation
- Mother: _____
Name Address Occupation
- Guardian: _____
Name Address Occupation
- Spouse: _____
Name Address Occupation

If you do not live with one of the above, with whom do you live? _____



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2. Family members

a. Number of Brothers: _____ Ages: _____

b. Number of Sisters: _____ Ages: _____

c. Number of people dependent on parent(s), guardian or spouse for support:

d. Number of dependents of applicant: _____
Ages: _____

III. CLASSIFICATION AND INSTITUTION

A. Classification: Freshman _____ Sophomore _____ Junior _____ Senior _____

B. Name of Institution: _____

Address of Institution:

_____ Address City State & Zip Code

C. GPA: _____

IV. INFORMATION REGARDING FINANCES

1. Are you receiving any financial assistance at present? Yes _____ No _____

If yes, is it a:

A. Loans? _____ State Source: _____

B. Scholarships? _____ State Source: _____

Signature of Applicant

Signature of Graduate Chapter Basileus

Date

Graduate Chapter

Phone Number of Basileus _____

Dev. 12/06 cmb
Rev. 12/11 cmb
Rev. 12/17 & 11/22 vmb
Rev. 10/25 vmb

***For official use: Rank of application after review: _____



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PERSONAL STATEMENT

Date

Signature
(electronic acceptable)