

Please Write Clearly in Black or Blue Ink

PHI BETA PSI SORORITY

Indiana State Organization

2024 Indiana State Scholarship Application

Fields of Study:

Medical Technology, Radiology Technology, Medical Lab Technology, Nuclear Medicine, Cytotechnology, Biomedical Engineering, Molecular Biology, Biochemistry, Physiology, Oncology, Medical Physics, Epidemiology or Medical Diagnostic Sonography.

Full Name _____

Address (Street/City/State/Zip) _____

Daytime Phone Number: _____ Alternate Phone No. _____

E mail Address: _____ Sponsoring Chapter and City _____

High School/College Presently Attending: _____

School Address (Street/City/State/Zip): _____

Class Size _____ Class Rank _____ GPA _____ Based on a _____ point system

SAT Score(s) _____ ACT Score(s) _____ Other Test Scores _____

Career and Degree sought: _____

2-Year Program 4-Year Program Other Program _____

College or University applied to _____ Have you been accepted? Yes No

Please list all other scholarships applied for: _____

Awarded: Yes No If yes, please share the total amount of the award: _____

Have you filed a Financial Aid Form? Yes No

Parents Occupation Mother: _____ Father: _____

Number of children at home: _____ Number of Children in College: _____

Total Annual Income of parents (All Sources): Gross: _____ Net Taxable: _____

**** Please complete this portion only if you are currently a Working Adult returning to school. ****

Current Occupation: _____ Spouse's Occupation: _____

Total Annual Income (all sources): Gross: _____ Net Taxable: _____

Number of children at home _____ Ages: _____

Previously Earned Degrees: _____ Collegiate GP: _____