

**CHI ETA PHI SORORITY, INC.**  
**Operations Manual**



**APPLICATION FOR THE ALIENE EWELL SCHOLARSHIP AWARD**

**I. APPLICANT:**

A. Name: \_\_\_\_\_

B. Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

C. Year of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

D. Check One: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_  
Widowed \_\_\_\_\_ Separated \_\_\_\_\_

E. Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

F. If not, are you a permanent resident of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe circumstances: \_\_\_\_\_  
\_\_\_\_\_

**II. CHARACTER REFERENCES (Give the names and addresses of two (2) persons who are not relatives).**

A. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

B. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

**III. FAMILY INFORMATION**

- A. Father \_\_\_\_\_  
Name Address Occupation
- B. Mother \_\_\_\_\_  
Name Address Occupation
- C. Spouse \_\_\_\_\_  
Name Address Occupation
- D. Number of sibling(s) dependent on parents: \_\_\_\_\_
- E. Number of children dependent on applicant and/or spouse: \_\_\_\_\_

- IV. A. High School:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

High School Scholastic Average: \_\_\_\_\_

- B. Name of College/University:** \_\_\_\_\_  
Diploma/Degree \_\_\_\_\_ Year(s) Attendance \_\_\_\_\_

- C. Current Educational Status:**  
\_\_\_\_\_  
Classification Level (Sophomore, Junior, etc.).  
In what area of nursing are you now interested?  
\_\_\_\_\_

**V. EMPLOYMENT STATUS**

- A. Are you presently employed: Yes \_\_\_\_\_ No \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Where? (include address) \_\_\_\_\_  
\_\_\_\_\_

- B. Type of work: \_\_\_\_\_

- C. Licensed Nurses: What state(s) are you currently registered? \_\_\_\_\_

Registration Number (s): \_\_\_\_\_ Expire: \_\_\_\_\_

**VI. EXTRA-CURRICULAR ACTIVITIES**

A. List the Clubs and/or Organizations in which you take an active part:

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B. List Honorary Societies in which you belong:

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C. List office(s) held in any Clubs and/or Organizations:

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D. List all Awards, Honors or Citations:

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E. Do you belong to another Sorority? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give name:

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**VII. FINANCIAL STATUS**

A. Are you receiving any financial assistance at present? Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, please complete:

<u>Name of Grant/Loan</u>	<u>Name of Scholarship</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

C. If you are awarded a scholarship for Chi Eta Phi Sorority, Inc., for what purpose will you use it?

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**Aliene C. Ewell Scholarship, cont.,**  
**Page 4**

D. Describe any pertinent information that would be helpful in assessing your financial need for this scholarship.

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*Signature of Applicant*

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*Month/Date/Year*

**CHAPTER USE ONLY**

**Brief comments regarding applicant's interview:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Chapter Basileus

\_\_\_\_\_  
 Signature of Chapter Scholarship Chairman

Chapter \_\_\_\_\_

Date: \_\_\_\_\_

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Attach the following:

1. Current unofficial complete transcript
2. Recent tuition/fee information from respective College/University of School of Nursing
3. Letter of Reference from instructor and/or advisor
4. Letter of Reference from sponsoring chapter
5. Letter from applicant (Biography)

**IMPORTANT NOTE TO LOCAL SCHOLARSHIP CHAIRMAN:**

Please make sure that all original information (application and supporting documentation) is emailed to the National Scholarship Committee Chairman to [cepnationalscholarship@gmail.com](mailto:cepnationalscholarship@gmail.com) by February 20, 2018

<b>NATIONAL SCHOLARSHIP CHAIRMAN USE ONLY</b>		<b>COMMENTS</b>
Date Received: _____		_____
Approved _____	Disapproved _____	_____
Awarded \$ _____	20_____	_____
Bottle: _____	Regional: _____	_____

CHI ETA PHI SORORITY, INC.

ALIENE C. EWELL SCHOLARSHIP CRITERIA CHECKLIST

CHAPTER \_\_\_\_\_

APPLICANT \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_  
City/State

AMOUNT PREVIOUSLY GIVEN: \$ \_\_\_\_\_ Boule Year \_\_\_\_\_  
Regional Year \_\_\_\_\_

CRITERIA	MET	NOT MET	COMMENTS
Application Deadline			
Legible/Typed			
Financial Data Tuition Update			
Reference Letters: School of Nursing			
Personal Bio			
Chapter			
Transcript Year 20_____ to 20 _____			
GPA			

Chairman's Recommended Amount \$ \_\_\_\_\_ Agree/Disagree

If Disagree, the Recommended Amount \$ \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature, Committee Member

\_\_\_\_\_  
Date

CHI ETA PHI SORORITY, INC.  
ALIENE C. EWELL SCHOLARSHIP REPORT FORM\*

CHAPTER \_\_\_\_\_ DATE: \_\_\_\_\_

RECIPIENT: \_\_\_\_\_ BETA: Yes No

SCHOOL OF NURSING:

CLASS STATUS

\_\_\_\_\_ Sophomore  
\_\_\_\_\_ Junior  
\_\_\_\_\_ Senior Date of Graduation \_\_\_\_\_  
\_\_\_\_\_ Graduate

FINANCIAL REPORT:

Amount Granted \_\_\_\_\_  
Amount to Student/Graduate Chapter \_\_\_\_\_  
Amount Used \_\_\_\_\_ Date: \_\_\_\_\_  
Balance (if any) Returned to National \_\_\_\_\_

Reason for Refund:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature, Chapter Scholarship Chair

\_\_\_\_\_  
Signature Chapter Basileus

\_\_\_\_\_  
Signature, Scholarship Recipient

\*Use One-Time Scholarship Form for other scholarships, pg. 58.

Make 3 copies: National Secretary  
National Scholarship Chair  
Chapter File

Revised 2018

CHI ETA PHI SORORITY, INC.  
ALIENE C. EWELL SCHOLARSHIP RECIPIENT PROGRESS REPORT

**INSTRUCTIONS:** Chapter scholarship committee completes this report and forward to the National Scholarship chairman by April 1.

CHAPTER: \_\_\_\_\_ City/State: \_\_\_\_\_

RECIPIENT: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

**UNDERGRADUATE:**

Presently Enrolled: Yes \_\_\_\_\_ No \_\_\_\_\_  
School of Enrollment \_\_\_\_\_

**GRADUATE**

Graduate From: \_\_\_\_\_ Year \_\_\_\_\_

Present Career Position: \_\_\_\_\_

Employment Setting:

Acute Care \_\_\_\_\_  
School \_\_\_\_\_  
Other (list) \_\_\_\_\_

Practice (check one):

Medical/Surgical \_\_\_\_\_  
Pediatrics \_\_\_\_\_  
Maternal Health \_\_\_\_\_  
Mental Health \_\_\_\_\_  
Other \_\_\_\_\_

Graduate Education: Identify status \_\_\_\_\_

MEMBER OF CHI ETA PHI SORORITY, INC? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, WHAT CHAPTER: \_\_\_\_\_

\_\_\_\_\_  
Signature Chapter Basileus Date

\_\_\_\_\_  
Signature, Chapter Committee Chair Date