

#### SCHOLARSHIP GUIDELINES

- 1. Applicant must be a United States Citizen.
- 2. Applicant must have a GPA of 2.5 or better (C+ average) and claim a major in Business Administration or similar field of study.
- A letter from the applicant must be submitted with the completed application conveying their concept of the function of an administrative professional and why they chose to study this field.
- 4. The applicant must select two people to complete the reference form attached.
- 5. The applicant may be asked for an interview with the scholarship selection committee.
- 6. A total of \$500 will be awarded for tuition and/or books based on financial need for one academic year (August to July), until the amount is expended.
- 7. Student must be enrolled in a minimum of 9 credit hours at a postsecondary education institution. Proof of enrollment must be provided prior to receipt of scholarship funds.
- 8. Application, letter, and reference form must be submitted to The BETA Group Scholarship Committee.
- 9. Applications submitted or received after the deadline will not be accepted.

| DEADLINE IS           |   |  |  |
|-----------------------|---|--|--|
| Send applications to: |   |  |  |
|                       | _ |  |  |
|                       |   |  |  |
|                       |   |  |  |



# **SCHOLARSHIP APPLICATION**

| Name:                                   |                        | FIRST             | MIDDLE |
|---|------------------------|-------------------|--------|
| Address: STREET                         |                        |                   |        |
| Email:                                  |                        |                   |        |
| United States Citizen? Ye               | s 🗆 No 🗆               |                   |        |
| Marital Status: Single ☐ If Applicable: | Spouse's Name:         | orced □ Separated |        |
| Applicant's Occupation (if              | applicable):           |                   |        |
| Is applicant the sole supp              | orter of the household | : Yes □ No □      |        |
| Dependents other than sp                | oouse:                 |                   |        |
| Number of persons: A. B. C.             | In applicant's immed   |                   |        |
| Family Income: Mont                     | hly Net \$             | Annual Net \$     |        |
| Applicant's monthly incon               | ne and resources:      |                   |        |
| Full-time work                          |                        | GI Bill           |        |
| Part-time work                          |                        | Gov't Aid         |        |
| Summer work                             |                        | Other             |        |
| Job History (include dates              | s of employment):      |                   |        |
|   |                        |                   |        |
|   |                        |                   |        |
|   |                        |                   |        |



| Education History  |                                    |           |
|--|------------------------------------|-----------|
| High School Attended:  |                                    |           |
| Address:   | CITY/STATE                         | ZIP       |
| Graduation Date:   | Cumulative grade point avera       | age:      |
| GED Certificate Yes □ No □   | Date Received                      |           |
| Postsecondary Education History (if a  | pplicable):                        |           |
|  |                                    |           |
| References   |                                    |           |
| Please obtain two personal references<br>Some examples include teachers, cou<br>member. Have each reference completed<br>completed forms with application. | inselors, clergy, employers, or co | ommunity  |
| Reference name (first and last) and ph   | none number:                       |           |
| 1  |                                    |           |
| 2  |                                    |           |
| To the best of my knowledge the above permission for release of financial and  |                                    | nt grants |
| APPLICANT SIGNATURE  | Date                               |           |
|  | Date                               |           |

**GUARDIAN SIGNATURE IF APPLICANT UNDER 18** 



# **SCHOLARSHIP REFERENCE FORM**

| The BETA Group Scholarship Award. Please use your personal knowledge of thicandidate to respond to the following questions (please feel free to use another soft paper for additional space):            |       |
|--|-------|
| 1. How long have you known the candidate and in what capacity?   |       |
| 2. What is your personal knowledge of the candidate's strengths responsibilities in his/her life? (Cite specific examples of accomplishments at vachool, home, community, church, etc.)                  |       |
| 3. What is your personal knowledge of the candidate's educational goals and nis/her progress toward accomplishing these goals? (Consider any barriers or difficulties you know that he/she has overcome) | t     |
| 4. Please add any comments you would like to mention about the candidate would assist in the evaluation process.   | vhich |
| Name: Date:  | _     |
| Address:   | _     |



### **SCHOLARSHIP REFERENCE FORM**

| The B candid | Tor ETA Group Scholarship Award. Please use your personal knowledge of this ate to respond to the following questions (please feel free to use another shee er for additional space): |
|--------------|---|
| 1.           | How long have you known the candidate and in what capacity?   |
|              | What is your personal knowledge of the candidate's strengths and asibilities in his/her life? (Cite specific examples of accomplishments at work , home, community, church, etc.)     |
|              | What is your personal knowledge of the candidate's educational goals and progress toward accomplishing these goals? (Consider any barriers or ties you know that he/she has overcome) |
| 4.<br>would  | Please add any comments you would like to mention about the candidate which assist in the evaluation process.   |
|              | Date:   |
|              | ss:   |
| Phone        | · Fmail·  |



#### **SCHOLARSHIP CHECKLIST**

- ✓ Completed application
- ✓ Letter conveying concept of the function of an administrative professional and personal interest in this field of study
- ✓ Reference forms completed by two personal references
- ✓ Proof of enrollment (required for scholarship recipients)

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