

SCHOLARSHIP APPLICATION

for
Delta Rho Delta Sorority
Frances Ramsey Memorial Scholarship Fund

Eligibility: _____ Amount: _____

To apply, please complete the following information and return by the due date specified above. All pertinent information must be completed for application to be processed. Use N/A if requested information does not apply. With this application include a letter of interest regarding your future goals in the nursing profession and an official transcript.

1. Personal Information

Mr. _____
Miss _____ Date _____ Soc. Sec. _____
Mrs. Last First Middle

Address _____
 Street City State ZIP County

Phone _____ Date of Birth _____ Age _____ Place of Birth _____

Sex _____ Race _____ Are you a U.S. citizen? _____ If not, give resident visa no. _____

2. Educational Information

High School attended _____ Year Graduated _____

What is your major course of study? _____ No. of college hours _____

Grade point average _____

3. Employment Information

If you will be working during the academic year give employer: _____

Gross monthly income _____ Total income for previous calendar year _____

4. Marital Information

Marital Status _____ No. of children _____ Ages of children _____

Spouse's name _____ Occupation _____

Spouse's Income: Monthly _____ Previous calendar year _____

Signature of Applicant _____

Return completed application, letter of interest, and official transcript to:

Wendy Polston
The Frances Ramsey Scholarship Committee
914 W. Meadowmere Ln.
Austin, TX 78758