



Betty Nell Wilkinson Emergency Fund Scholarship Application

Eligibility

- Applicant/Recipient must be an initiated member in good standing of Phi Mu Fraternity. (*Reference Constitution and Bylaws, Article 8, Section 2, A-3*).
- Applicant/Recipient must have a cumulative **GPA of 3.0** or above (*on a 4.0 scale*).
- Recipients should remain in an accredited college or university working toward a degree, credential or certificate during year. Recipients must be enrolled as full-time students as defined by their college or university.
- A member may receive no more than one scholarship per year and not more than three scholarships during her collegiate and alumnae academic career.

Instructions

- Complete the application form.
- Email official transcript from each college or university attended to Jessi Horne at jhorne@phimu.org.
- Applicants are required to submit **two** recommendations, one from the Chapter Adviser and one from an employer or academic source. Please use the recommendation form below. This form must be emailed from the recommender directly to Jessi Horne at jhorne@phimu.org

Only completed applications will be considered.

Please email this application and all supporting documentation to:

Phi Mu Foundation
Attn: Member Assistance Grants
jhorne@phimu.org

NOTE: Applicants selected as emergency scholarship recipients will be notified by email. Scholarship checks will be mailed directly to the college/university to be used for academic expenses only.

EMERGENCY SCHOLARSHIP APPLICATION

Chapter: _____ Initiation Date: _____ Anticipated Graduation Date: _____

Personal Data

Name: _____ Birthdate: _____
Last First Middle Maiden

What is your academic status?

Freshman Sophomore Junior Senior

Campus Address: _____
Street City/State/Zip Code

Home Address: _____
Street City/State/Zip Code

Phone Numbers (with area code): _____
Home Cell

E-mail address: _____

Undergraduate Academic Data

Undergraduate applicants must be full-time students.

Major(s): _____ Minor(s): _____

Degrees(s): _____ Cumulative GPA: _____

Based on a maximum GPA of: _____

Undergraduate Institution(s):

University/College	Dates Attended	Major	Degree
_____	_____	_____	_____
_____	_____	_____	_____

Please describe why you are applying for an emergency scholarship from Phi Mu Foundation (include additional pages if necessary).

Financial Data

Parent(s) or Guardian(s): _____

*Combined family pre-tax annual income: \$_____ # of family members in college: _____

Relevant Information: _____

*(This amount should come from last year's tax returns.)

Projected Financial Sources for current year:		Projected Expenses per year (not including summer school)	
A. Scholarships	\$	E. Tuition/Fees	\$
B. Parents/Spouse Contribution	\$	F. Room and Board	\$
C. Your earnings in summer	\$	G. Text Books and Educational Supplies	\$
D. Your earnings during school year	\$	H. Other Please Describe:	\$
Total A-D	\$	Total E-H	\$
Loan amount applied for	\$	Outstanding Loans to date:	\$

Involvement and Recognition

Outline your involvement in the following on a separate sheet:

- Phi Mu Collegiate Chapter (include offices held and other collegiate chapter activities)
- Campus Activities/Offices Held
- Community Activities
- Academic/Other Honors and Awards
- Work Experience (for collegians-while in college)

Applicant's Statement of Accuracy

I certify that the information provided in this scholarship application is accurate to the best of my knowledge. (Any falsified information will immediately disqualify an applicant.)

Signature of Applicant

Date



Recommendation for Emergency Scholarship Applicant

Name of Applicant: _____

This recommendation will be regarded as strictly confidential. Your thoroughness and care in providing the information requested are sincerely appreciated. Evaluate applicants on a 1-5 scale with 5 being the highest. Rate only those categories relating to your knowledge of the applicant.

Leadership	_____
Reliability	_____
Cooperation	_____
Enthusiasm	_____
Contribution to Chapter <i>(For collegiate chapter adviser only)</i>	_____
Represents the ideals of Phi Mu <i>(For collegiate chapter adviser only)</i>	_____

Additional Comments *(Attach additional pages if necessary):*

Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

Name of Business/University: _____

Address: _____

Relationship to Applicant: _____

Please email this recommendation form to:

Phi Mu Foundation

Attn: Member Assistance Grants

jhorne@phimu.org