



**Sacramento City Council – Beta Sigma Phi
THE MABEL SASLOW EDUCATIONAL FUND**



Scholarship Application Form

Please note carefully the following items in completing your application.

1. The Chairman must receive this application by **April 1**. (See Name and Address below.)
2. An applicant may be a member in good standing with an active SCC chapter. The applicant may be the son, daughter, grandchild, great-grandchild of an active member, or a child of an active member who is the child's legal guardian.
3. Applicants must be registered or are to be registered at an accredited college, university, or career trade school, with a minimum of 12 units, and carry a minimum GPA of 3.0.
4. Include with the application a certified copy of the three (3) most recent transcripts indicating grades, including currently enrolled courses for graduating seniors. College/University students must submit a minimum of two (2) years of high school transcripts and all college/university credits through current enrollment. Transcripts must be certified and original. No duplicates will be accepted.
5. Be specific about which school you plan to attend. Indicate if you have been officially accepted or are still in the process of applying. You must be enrolled in a community college, 4 year college/university or career trade school to receive the award.
6. Be specific regarding the financial assistance you will be receiving or are applying for (i.e. grants, other scholarships, employment income, or social security benefits).
7. Submit a written letter that outlines your educational and career goals, interests or hobbies, and describe your involvement in community service or projects.
8. Include two (2) letters of recommendation; one (1) must come from school officials, employers, or clergy. The second letter may come from an informal organization or volunteer group with which the applicant is associated. An additional letter from a personal friend will be accepted, but no letters written by parents.
9. All applications, transcripts, letters and any other documents must be received together in one envelope.
10. Award recipients will be invited to the Founder's Day event, held at the end of April, as guests of the Sacramento City Council of Beta Sigma Phi. A representative of the recipient may accept the scholarship in his/her absence and will be advised of the event cost.
11. A recipient may be granted a maximum of two (2) awards per lifetime. Each award must be granted in different academic years.

Applications received after April 1 will not be accepted.

Do not e-mail applications. Send the completed application and all documents to:

The Mabel Saslow Educational Fund

C/O Sue Schrader, Chairman

5928 York Glen Way

Sacramento, CA 95842

Questions regarding this application should be referred to Sue Schrader (916-208-5497) or e-mailed to susanc6070@yahoo.com.



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Name of Applicant _____ date of birth _____

Address _____ Phone # _____

E-mail _____ At parent's home _____ On your own _____

Sponsor's name _____ member# _____

Address _____ Phone # _____

Sponsor's relationship to applicant _____

BSP chapter name _____ chapter # _____

Chapter President's signature _____

I am applying /have been accepted to the following college/university _____ career school _____.

Name of Institution _____

Address _____

Major/career objective _____

Father/Guardian _____ Mother/Guardian _____

Address _____

Names and ages of siblings/children _____

Any other dependents in home? _____

Approximate NET (after tax) income of family \$ _____

Source of income _____

Are your Parents/Guardian able to financially contribute? \$ _____ per _____

Are you receiving aid from Government Insurance Compensation (Social Security)? Y _____ N _____

\$ _____ per _____

Are you receiving or anticipate receiving State Educational Aid? Y _____ N _____

\$ _____ per _____

Applicant's anticipated revenue: Please indicate amount and frequency

Net earnings during the school year:

\$ _____

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Working for board/room:

\$ _____

Other Assistance from Parents/Guardian:

\$ _____

Loan or gift:

\$ _____

Aid from the Institution:

\$ _____

Scholarships (other than TMSEF)

\$ _____

Other sources (please clarify)

\$ _____

Please add any other comments regarding your application for TMSEF Scholarship.

Applicant's

signature _____ date _____