



Roseburg CHAPTER BI P.E.O. SISTERHOOD

SCHOLARSHIP APPLICATION 2022-2023 ACADEMIC YEAR

SCHOLARSHIP REQUESTED:

☐ **Local Chapter BI**

PERIOD(S) APPLIED FOR:

☐

Full Year

or Term(s) or
Semester(s)

☐

Fall 2022

☐

Winter 2023

☐

Spring 2023

☐

First 2022

☐

Second 2023

** PLEASE PRINT LEGIBLY **

NAME _____

DATE OF BIRTH _____ (month, day, year) AGE _____ LAST 4 OF SSN xxx-xx- _____

HOME ADDRESS _____
(Address, City, State, Zip Code)

PHONE NUMBER _____ EMAIL _____

U.S. CITIZEN: ☐ Yes ☐ No

OREGON RESIDENT: ☐ Yes ☐ No

STATUS: ☐ Dependent ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

AGES OF APPLICANT'S DEPENDENT CHILDREN: _____

PREVIOUS P.E.O. SCHOLARSHIPS: ☐ Yes ☐ No

IF YES, please indicate name of Scholarship, year and amount awarded:

OREGON INSTITUTION YOU PLAN TO ATTEND

INSTITUTION NAME: _____

ACCEPTED: ☐ Yes ☐ No

INSTITUTION BUSINESS OFFICE: _____

(Mailing Address, City, State, Zip Code)

ACADEMIC STANDING AT START OF FALL 2022: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

☐ Graduate ☐ Other (explain): _____

MAJOR/PROGRAM: _____ CREDIT HOURS EARNED TO DATE: _____

CUMULATIVE GPA: _____ ANTICIPATED DATE OF GRADUATION: _____

CAREER PLANS:

EDUCATION HISTORY

HIGH SCHOOL: _____ SCHOOL NAME, CITY & STATE

YEAR GRADUATED: _____

DATES ATTENDED

(mm/yy):

COLLEGE: _____ FROM _____ TO _____

INSTITUTION(S): _____ FROM _____ TO _____

I confirm that the information in this application, my Income & Budget/Expense Statement, and personal essay are accurate and true to the best of my knowledge.

SIGNATURE _____ **DATE** _____