

PHI BETA PSI SORORITY

Indiana State Organization
Indiana State Scholarship Application

Fields of Study: Medical Technology, Radiology Technology,
Medical Lab Technology, Nuclear Medicine, Cytotechnology
or Medical Diagnostic Sonography

(Please PRINT using black or blue ink.)

Full Name _____

Address (Street/City/State/Zip) _____

Daytime Phone No. _____ Alternate Phone No. _____

E mail Address _____

Sponsoring Chapter and City _____

High School/College Presently Attending _____

School Address (Street/City/State/Zip) _____

Class Size _____ Class Rank _____ GPA _____ Based on a _____ point
system

SAT Score(s) _____ ACT Score(s) _____ Other Test Scores _____

Career and Degree sought _____

2-Year Program _____ 4-Year Program _____ Other Program _____

College or University applied to _____ Have you been accepted? Yes ___
No ___

Other scholarships applied for _____ Awarded? _____

Have you filed a Financial Aid Form? Yes _____ No _____

Parent's Occupation Mother _____ Father _____

Number of children at home _____ Ages _____

Total Annual Income of parents (please include income from all sources)

Gross _____ Net Taxable _____

**** Please complete this portion only if you are currently a Working Adult returning to school. ****

Current Occupation _____ Spouse's Occupation _____

Total Annual Income (all sources): Gross _____ Net Taxable _____

Number of Children at home _____ Ages _____

Other degrees previously earned _____ Collegiate GPA _____