

# Beta Sigma Psi Educational Foundation 2025 Scholarship Application

## FINANCIAL NEED

### INSTRUCTIONS

The Beta Sigma Psi Educational Foundation annually awards scholarships to Beta Sigma Psi Active and Associate Members. Scholarships are awarded in three categories: Scholastic Achievement, Financial Need, and Community Involvement. You may apply in all categories, though no applicant will receive more than one scholarship.

The recipients and dollar amounts of the scholarships are annually determined by the Foundation's Board of Directors.

All applications and letters must be POSTMARKED by March 31, 2025. All applications require the signature of the Active Chapter Treasurer, and either a campus or hometown church pastor. Scholastic Achievement and Community Involvement applications require a letter of reference. Financial Need applications require a pastor or church worker to complete part of the application. Letters of reference must also be postmarked by March 31, 2025 and sent directly by the person submitting the reference. If we do not receive a letter of reference for your application or all signatures are not complete, your application will not be considered. It is your responsibility to ensure that letters of reference are completed and returned.

Scholarship recipients will be chosen by March 15th. Recipients will be notified via e-mail. Please include your e-mail address on your application. All scholarship proceeds will be paid directly to your university during the fall semester and applied toward future tuition. Please include your Student Identification Number and the contact address and telephone number of your University Financial Aid/Bursar's Office on your application. You must be current in any payments owed the Fraternity before funds will be awarded.

If you have any questions, please contact Michael Nolte, Scholarship Chairman at 618-974-9375.

**Beta Sigma Psi Educational Foundation**  
2025 Scholarship Application

Please type or print legibly in black ink. ⌚ Applications must be POSTMARKED by **March 31, 2025**. Signatures of your chapter treasurer and a pastor or church worker are required for application to be considered.

**Section 1 - Personal Data**

Your Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

University: \_\_\_\_\_ Chapter: \_\_\_\_\_

University Financial Aid/Bursar's Office Address: \_\_\_\_\_

University Financial Aid/Bursar's Office Telephone: \_\_\_\_\_

Student Identification #: \_\_\_\_\_ Year in School: Fr. So. Jr. Sr.

 Permanent Address: \_\_\_\_\_

 E-Mail Address: \_\_\_\_\_ I Live In-House Yes \_\_\_ No \_\_\_

Parents' Name: \_\_\_\_\_

**Section 2 - Affidavit**

I am applying for this scholarship based upon my financial need. I understand that any award by the BΣΨ Ed. Foundation will be made payable to my university and deposited for future tuition and fees.

 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Last Name: \_\_\_\_\_

**Section 3 - Academic/Financial Data**

 Major Field of Study: \_\_\_\_\_

Minor(s) if Applicable: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_ GPA Last Semester: \_\_\_\_\_

Cumulative GPA and Scale Utilized: \_\_\_\_\_ on a \_\_\_\_\_ scale.

Do you have a part-time job? Yes No Number of Hours worked per Week: \_\_\_\_\_

Please describe the nature of your job and your responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What percentage of your total college costs are provided by: You \_\_\_\_\_ Parents \_\_\_\_\_

Other \_\_\_\_\_ (please explain) \_\_\_\_\_

**Section 4 - Chapter Treasurer's Affidavit**

I verify that the applicant is current in all payments to our local chapter.

✎ Treasurer's Signature \_\_\_\_\_



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Last Name: \_\_\_\_\_

**Section 5 - Reference**

**To be completed by a pastor or a professional church worker from the campus church or the applicant's home congregation.**

Please provide your appraisal of the applicant's financial need. (Circle one)

Low Financial Need    1   2   3   4   5   6   7   8   9   10    Strong Financial Need

Briefly describe any situations or circumstances that affect this applicant's financial need. Please elaborate on details to the specific situation of the applicant and a case for his needs:

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By my signature I believe the above to be true and certify the applicant is a member in good standing.

✚ Pastor or Church Worker Signature: \_\_\_\_\_

Church Name/Location: \_\_\_\_\_ Phone: \_\_\_\_\_

*As this information is confidential, please mail directly to the Beta Sigma Psi Educational Foundation in the envelope provided by the applicant. All forms must be **POSTMARKED** by **March 31, 2025**.*

**Please mail completed application to:**

 **Beta Sigma Psi Educational Foundation**  
 c/o Michael Nolte, Scholarship Chairman  
 921 Creekside Drive, Waterloo, IL 62298  
 618-974-9375  [noltemw@yahoo.com](mailto:noltemw@yahoo.com)