

The Rho Psi Society Need Based Scholarship Application Form

APPLICANT

Name	Last _____ First _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.
Address		Date of Birth	MM/DD/YY
		Contact No.	()
Home Phone No.		Your e-mail address	
Name of Parent or Guardian		Phone No. of Parent or	
High School		High School Address	
School Counselor		High School Phone Number	
College you plan to attend		Planned Major Field of Study	
GPA (Weighted 4.0 scale)			
Extracurricular Activities in HS			
Financial Documents included <input type="checkbox"/> 1040 Tax Return <input type="checkbox"/> Others			
Please check your household income:			Number of people in your household
<input type="checkbox"/> Below \$15,000 <input type="checkbox"/> \$15,001-40,000 <input type="checkbox"/> \$40,001-\$65,000 <input type="checkbox"/> above \$65,000			
REFERENCES			
Name	Relationship	Phone Number	Address
I certify that the information contained in this application is true.			
Applicant's signature _____		Date _____	
Guardian's signature _____		Date _____	