

Scholarship Recipient Information for use in Press Releases to Local Media

Please provide the following information to be used in publicizing your selection as a Beta Gamma Sigma Scholar.

Return this form to _____ by _____
BGS Chapter Advisor *Date*

Name: _____
Last First Middle

Hometown Address _____

Classification: Undergraduate Graduate

Degree and Major: _____

University attending: _____ Expected date of graduation: _____

Parents'/Spouse name(s) and address(es): Please indicate first name for each.

University Public Relations
Office Address: _____

Hometown Newspaper(s)
with complete address _____

BETA GAMMA SIGMA
Scholarship Recommendation Form
(May be used by collegiate chapter in recipient selection process)
2010 Student Scholarship Program

Please read instructions carefully before completing this form. Type or print firmly and legibly in ink.

Information on Scholarship Applicant

Full Name _____

Beta Gamma Sigma Chapter/Institution _____

Information on Person Providing Recommendation

Name _____

Title _____

Institution _____

Address _____

Telephone _____

What characteristics do you consider to be the principal talents and strengths of the applicant which qualify him/her for the BETA GAMMA SIGMA STUDENT SCHOLARSHIP?

Please comment on the applicant's academic preparation and abilities.

Please comment on the applicant's demonstrated and/or potential leadership.

Please comment on the applicant's financial status and other information that may help in the decision (while need is not the primary consideration in making the grant, the student's need may be considered in the selection process).

Please comment on the applicant's community service activities (university or otherwise).

In comparison with other business students in the same classification as the applicant, how would you rate the applicant with respect to the following qualities:

	Inadequate Opportunity to observe	Below Average Bottom 1/3	Average Middle 1/3	Good Top 1/3	Very Good Top 20%	Outstanding Top 10%	Truly Exceptional Top 2%
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality/Ability to get along well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity/Imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Career Advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Title _____ Date _____

Please return completed form to _____, Beta Gamma Sigma chapter advisor at

_____ by _____
Building/Room *Name* *Date*

BETA GAMMA SIGMA Scholarship Application Form

(To be completed by applicant and returned to BGS chapter advisor for local selection.)

2010 Student Scholarship Program

Please read instructions carefully before completing this form. **TYPE OR PRINT FIRMLY AND LEGIBLY IN INK.**

Personal Information

Full Name _____

Current (School)

Mailing Address _____

City, State/Province, Postal Code _____

Country _____

Telephone _____

Permanent email _____

Permanent

Mailing Address _____

City, State/Province, Postal Code _____

Country _____

Telephone _____

Educational Information

Current Beta Gamma Sigma member Will be inducted as a member of Beta Gamma Sigma during Spring 2010

Institution attending: _____

Institution where inducted into BGS (if different from above): _____

Inducted/will be inducted as:

Undergraduate

Graduate

Induction date: _____

Presently enrolled in _____

Baccalaureate Degree Program

Masters Degree Program

Neither

Major field of study: _____

Current cumulative grade point average: _____

Rank in Class: _____

Current classification: _____

Educational plans for 2010-2011: _____

Name of Institution Attending in 2010-2011: _____

Type of Degree Program: _____

Expected/actual date of graduation: _____

Currently, I am:

a full-time student

a part-time student

working , already graduated

Significant Work Experience

List current or most recent first. **(Attach additional sheets if necessary)**

Employer

Period (month and year)

From – To

Nature of Work

F/T or P/T

1. _____

2. _____

3. _____

4. _____

Honors and Activities

Please list relevant honors, awards, scholarships, other special recognitions received, leadership roles held in organizations and other community service activities. (Attach additional sheets if necessary.)

Date/Honor	Granting Organization	In Recognition of (Basis)
1.		
2.		
3.		
4.		
5.		

Community Service Activities

Please list community service activities in which you have been involved. (Attach additional sheets if necessary.)

Date(s)	Community/Collegiate Organization	Type of Involvement
1.		
2.		
3.		

I authorize _____ Name _____ Title to provide a recommendation for me for the Beta Gamma Sigma Student Scholarship Program using the Recommendation Form provided. I waive my right to read this recommendation. I certify that the information provided on this Scholarship Application Form is, to the best of my knowledge, true and correct.

Additionally, if selected, I authorize Beta Gamma Sigma or my collegiate chapter to issue a press release on my selection. I understand that I am required to provide a current photograph (with release to print from the photographer if the photo is copyrighted) to the Central Office.

Signature (not typed)

Date

Note:

The Beta Gamma Sigma collegiate chapter scholarship competition may require applicants to provide transcripts, a written essay or other selection determinants.