



LAMBDA ETA ETA CHAPTER

Chi Eta Phi Sorority, Incorporated
"Professional Nursing Organization"

The Lambda Eta Eta Chapter of Chi Eta Phi Sorority, Incorporated Scholarship was established to assist students to pursue studies for a nursing career. The scholarship will be awarded to applicants meeting the Lambda Eta Eta Chapter, Chi Eta Phi Sorority, Incorporated criteria.

CRITERIA

1. Must be enrolled in at least the first semester of an accredited registered nursing program.
2. Minimum Grade Point Average (GPA) acceptable to their current accredited nursing program.
3. Applications may be accepted from Bachelor of Science Degree, Associate Degree or Diploma nursing programs.
4. Submit **completed** application by **April 17, 2025**.

The application will be reviewed and the recipient will be selected by a committee. The scholarship will be awarded **May 5, 2026**.

Late applications will not be accepted.



Lambda Eta Eta Chapter
Chi Eta Phi Sorority, Incorporated
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SCHOLARSHIP APPLICATION

First Name:	Last Name:		
Mailing Address Street:			
City:	State:	Zip:	County:
Telephone Number:			
E-mail Address:			
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No			
Age Group: <input type="checkbox"/> 17 – 25 <input type="checkbox"/> 26 – 35 <input type="checkbox"/> 36 – 45 <input type="checkbox"/> 46 & above			
Cumulative Grade Point Average (GPA) _____ (On a 4.0 Scale)			
** Attach your most recent school transcript with GPA (Required)			
** Attach a letter of recommendation (Required)			
Name and location (city/state/county) of University/College School of Nursing attending:			
List any academic honors and awards earned while in school:			
List any memberships, extracurricular activities, and high school or college related volunteer activities:			
List any non-school-related volunteer activities (ex. community service):			

Answer the following question in 200-500 words:

Why did you choose nursing as your major and what are your plans after graduation?

I hereby affirm that all the above-stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship recipient my picture may be taken and used to promote Lambda Eta Eta Chapter, Chi Eta Phi Sorority, Incorporated programs and projects. I hereby understand I will not submit this application without all required supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of Scholarship Applicant:

Date:

Check list - make sure the following has been completed:

Application Essay School Transcript Letter of Recommendation

****RETURN COMPLETED PACKET BY MAIL OR ELECTRONICALLY****

Mail: Lambda Eta Eta Chapter, Chi Eta Phi Sorority, Incorporated

Attention: Scholarship Chairperson

P.O. Box 5897

Huntsville, Alabama 35814

Email: leecepcorrespondingsecretary@gmail.com **(Subject Line:** Scholarship Application – Applicant’s Name)