

McManus Washington Internship Scholarship Deadline: May 1 (annually)

INSTRUCTIONS			
Send ONE copy of full package to na	tional office via ema	ail (office@pisigmaalpha.org), including:	
completed application	2 lette	ers of nomination (one must be from chapter advisor)	
official school transcript candid		date statements as detailed on Pi Sigma Alpha web site	
APPLICANT FULL NAME		INSTITUTION NAME	
EMAIL ADDRESS (permanent)		CELL PHONE NUMBER	
HOME ADDRESS/PERMANENT ADDRE	ESS		
CHAPTER (greek name)	DATE INITIATED	(or scheduled date) EXPECTED DATE OF GRADUATION	
PI SIGMA ALPHA OFFICES HELD OR R	OLES		
CHAPTER ADVISOR NAME		CHAPTER ADVISOR EMAIL	
WASHINGTON INTERNSHIPS APPLIED	TO/ACCEPTED TO	TERM (summer/fall) # ACADEMIC CREDITS	
CHECK HERE IF INTERNSHIP IS W	ITH THE WASHING	TON CENTER FOR INTERNSHIPS (TWC)	
BE CONSIDERED FOR AN ADDITIONAL	L \$1000 IN SUPPOR		
Have you received notice that you are elig			
Have you received notice that your are eli	gible for a federal dire	ect student loan? YES NO	
Have you received notice that you are elig	ible for a state schola	rship grant? YES NO	
I, the undersigned, do certify that this information is correct to the best of my knowledge.		I, the undersigned, nominate this student for the McManus Scholarship for 2016-17 and certify that the applicant WILL RECEIVE ACADEMIC CREDIT for this internship.	
SIGNATURE OF APPLICANT	DATE	SIGNATURE OF PI SIGMA ALPHA ADVISOR DATE	