

Howard Penniman Graduate Scholarship Deadline: May 1 (annually)

INSTRUCTIONS						
Send THREE copies of full package to national office, including:						
			nomination from chapter advisor			
-		nomination from two other faculty members				
GRE score notice (copy ok) candidat		te statements as detailed on Pi Sigma Alpha web site				
RETURN TO: Pi Sigma Alpha, 1527 Nev	w Hampshire A	ve., NW, V	Washington, DC	20036		
ADDUGANT FULL NAME		INCTIT	LITIONI NIABAT			
APPLICANT FULL NAME		INSTITUTION NAME				
EMAIL ADDRESS (permanent)		CELL PHONE NUMBER				
HOME ADDRESS/PERMANENT ADDRESS						
PI SIGMA ALPHA CHAPTER (greek name)		DATE INITIATED (or scheduled date)				
PI SIGMA ALPHA OFFICES HELD OR ROLES	;					
EXPECTED DATE OF GRADUATION		-				
CHAPTER ADVISOR NAME		CHAPTER ADVISOR EMAIL				
GRADUATE SCHOOLS APPLIED TO AND STATUS OF EACH			ACCEPTED	REJECTED	NO WORD	
DATE GRETAKEN		GRE SCORE				
I, the undersigned, do certify that this information is correct to the best of my knowledge		I, the undersigned, nominate this student for the Penniman Scholarship and certify that this information is correct to the best of my knowledge				
SIGNATURE OF APPLICANT	DATE	SIGNATURE OF PI SIGMA ALPHA ADVISOR DATE				