FRANCES SPEARS MEMORIAL SCHOLARSHIP APPLICATION

Priority 1: Alpha Chapter member

Name:_____Date:_____

Mailing Address:_____

_____

Email address:_____

Offices held/Dates:_____

_____

Committees served on/Dates:_____

_____

For what will this scholarship be used? Please refer to Guidelines.

_____

_____

Priority 2: Family Member of Alpha Chapter Member Majoring in Education

Name:_____Date:_____

Mailing Address:_____

_____

Email address:_____

Name of Alpha Chapter Member Sponsor_____

Your relationship to the Alpha Chapter member listed above_____

At which college or university will this scholarship be used?

_____

_____