

SIGMA BETA DELTA

2024 STUDENT SCHOLARSHIP APPLICATION INSTRUCTIONS

The SBD Scholarship Program will award multiple Scholarships to qualifying members in 2024. The awards range from \$1,000 - \$1,500. Each chapter will nominate **only one** qualifying SBD member from their local chapter and forward their application to the SBD Central Office.

The Sigma Beta Delta Scholarship **Application Form** is to be completed by the student applicant. The application must include a resume, a personal essay (limit two-page, 12-point font), a completed recommendation form, and an official transcript from the College/University from which the student is currently enrolled and plans to graduate. Unofficial transcripts covering the student's complete collegiate career must be submitted if there has been attendance at more than one institution.

The Sigma Beta Delta Scholarship **Recommendation Form** is to be completed by a member of the business school faculty or college/university administration who best knows the applicant's abilities.

Who is eligible to compete for the SBD Scholarships?

The objective of the scholarship is to recognize and honor the academic achievement of undergraduate and graduate members of Sigma Beta Delta. Any SBD member or student who will be or has been invited to become a member during the current or previous academic year and is enrolled as a full-time student in the year to which the award applies is eligible to compete in the SBD Scholarship Program. In the case of a nominee who will be invited to join Sigma Beta Delta during this academic year, the Scholarship award will be contingent upon acceptance of the membership invitation.

How do local chapters select their nominee?

Local chapters may set their own procedures for selecting their nominee. However, Sigma Beta Delta requires each chapter to use the standard criteria for the Scholarship program, including the Scholarship Application Form, and the Scholarship Recommendation Form. Each chapter will nominate only one member from their local chapter and forward only that application to the SBD Central Office.

Submit Recommendations one of two ways

Email a PDF scanned copy of the complete Scholarship Application (including; Application Form, Personal Essay, Resume, and Recommendation Form) to the SBD Central Office by the **deadline date of Monday, June 3, 2024**. Type “(Student's Last Name) Scholarship Application” in the email subject line. Official Transcripts should be emailed or mailed separately from the institution, postmarked by the deadline. **E-Mail to:** scholarships@sigmabetadelta.org

Mail a complete copy of the Scholarship Application (including; Application Form, Personal Essay, Resume, and Recommendation Form) to the SBD Central Office by the **deadline date of Monday, June 3, 2024**. Official Transcripts should be emailed or mailed separately from the institution, postmarked by the deadline.

Mail to: Sigma Beta Delta Scholarship
3730 Grand Blvd.
Brookfield, IL. 60513

Chapters can send **only one** nomination per chapter to the Central Office
Official transcripts required under separate cover.

A complete Scholarship Application Packet includes:

1. Scholarship Application Form
2. Personal Essay
3. Resume
4. Scholarship Recommendation Form
5. Official transcript and others as required (see paragraph 2 above)

Award Distribution

Award winners will be announced in August-September, 2024. After scholarship recipients provide a photo and a photo release form, a check will be made out in the recipient's name and mailed to the Faculty Advisor of the student's SBD chapter for presentation to the student (if applicable) or mailed to the recipient. Distribution to be specified by the chapter's faculty advisor.

Questions, please call the SBD Central Office – 708-485-8494
Sigma Beta Delta is an Equal Opportunity Educational Organization.

SIGMA BETA DELTA
2024 Student Scholarship Application Form
(To be completed by applicant.)

Please read instructions carefully before completing this form. Please download to type your responses.

Personal Information Name: _____

Mailing Address: _____

Telephone: _____ E-Mail Address: _____

Educational Information SBD Member/Will be inducted as a member at (school name, city, state): _____

Inducted as/will be inducted as: Junior Senior Masters Doctoral Student Induction date: _____

Major field of study: _____ Current cumulative GPA: _____

Continuing Education Plans: _____

Expected/actual date of graduation: _____ Currently, I am: a full-time student a part-time student

Significant Work Experience - List current or most recent first. Attach additional sheet if necessary.

Employer	Dates (month and year)	Nature of Work	F/T or P/T
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1. _____

2. _____

3. _____

Honors and Activities - List honors, awards, scholarships, & offices held in organizations. Attach additional sheet if necessary.

Date/Honor	Granting Organization	In Recognition of (Basis)
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1. _____

2. _____

3. _____

Personal Essay - Attach an autobiographical essay, **no more than 2 pages long**, double-space, with your name on each page. Discuss your academic strengths & challenges, significant experiences (personal, academic, or work) community involvement, & the qualities of leadership important to achieving your goals. Highlight those personal accomplishments, achievements and experiences that have given you considerable satisfaction and have helped to form your character. Discuss your aspirations in terms of your educational and career goals. Explain why you are applying for a Scholarship and the difference receiving a Scholarship would mean in your life. In addition, state how your plans will support that part of Sigma Beta Delta's purpose "to encourage and promote personal and professional improvement and a life distinguished by honorable service to mankind."

Recommender - I authorize _____ to provide a recommendation on my behalf.

Name

After speaking with the recommender - They will submit the recommendation. I will submit the recommendation.

Certification - I certify that the information provided is true and accurate. If selected as an award recipient, I authorize Sigma Beta Delta to issue a press release of my selection and I will provide a current photograph and usage consent.

Applicant's Signature

Date

Questions, please call the SBD Central Office – 708-485-8494 Sigma Beta Delta is an Equal Opportunity Educational Organization.

Revised April 4, 2024, by Scholarship Committee

SIGMA BETA DELTA
2024 Scholarship Recommendation Form
(To be completed by faculty/staff.)

Please read instructions carefully before completing this form. Please download and type or print legibly.

This section to be completed by Applicant:

Applicant Being Recommended: _____

I waive my right to read my recommendation.

Applicant's signature

Date

The recommender and I agree, They will submit the recommendation. I will submit the recommendation.

Faculty/Staff Recommender Information

Name (with title): _____ School: _____

Telephone: _____ E-Mail Address: _____

Please rate the applicant with respect to the following qualities:

	Exceptional Top 2%	Above Average Top 1/3	Average Middle 1/3	Below Average Bottom 1/3	Not Observed
Intellectual Ability	<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"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality/Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral/Written Skills	<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"/>
Self-Confidence	<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"/>

Recommendation – Attach a separate essay addressing; characteristics you consider to be the principal talents and strengths of the applicant which qualify him/her for a Sigma Beta Delta Student Scholarship Award, comment on the applicant's academic preparation and abilities, comment on the applicant's demonstrated and/or potential leadership, 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 award, Sigma Beta Delta would like to know of the student's need if applicable), and comment on the applicant's community service activities (university or otherwise).

 Recommender's Signature

 Date

If you and the student have agreed that you will submit directly to the SBD Office rather than advisor, in the email subject line type "(Student's Last Name) Scholarship Recommendation" and **E-Mail to:** scholarships@sigmabetadelta.org. **Please be cognizant of deadline date, Monday, June 3, 2024.**

Questions, please call the SBD Central Office – 708-485-8494
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