# SIGMA BETA DELTA

# 2020 STUDENT SCHOLARSHIP APPLICATION INSTRUCTIONS

The SBD Scholarship Program will award thirty-three Scholarships to qualifying members in 2020. The awards range from $1,000 - $1,500 (honorable mentions of $250 may be awarded). 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 responses to the essay and transcripts covering the student's complete collegiate career. The student nominated must request that official transcripts be sent from the school to the SBD Central Office.

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?**

Any SBD member or student who will be or has been invited to become a member during the 2019-2020 academic year 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. Award winners must show proof of future academic enrollment to receive the cash award. Winners have up to a year after the winners are announced to receive the award.

**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.

**Apply one of two ways**

**Email** a PDF scanned copy of the completeScholarship Application (including; Application Form, Personal Essay, Resume, and Recommendation Form) to the SBD Central Office by the **deadline date of July 1, 2020**. Type “(Your 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**: [sigmabetadelta@umsl.edu](mailto:sigmabetadelta@umsl.edu)

**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 July 1, 2020**. Official Transcripts should be emailed or mailed separately from the institution, postmarked by the deadline.

**Mail to**: Sigma Beta Delta Scholarship

PO Box 468

Garner, NC 27529

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

**Award Distribution**

Award winners will be announced in August 2020. After Scholarship recipients provide proof of continuing education, 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.

Questions, please call the SBD Central Office - 888-723 -7181

Sigma Beta Delta is an Equal Opportunity Educational Organization.

**SIGMA BETA DELTA2020 Student Scholarship Application Form**

**(To be completed by applicant.)**

Please read instructions carefully before completing this form. Type or print firmly and legibly.

**Personal Information** Name:

Mailing Address:

Telephone: E-Mail Address:

**Educational Information**  SBD Member/Will be inducted as a member at (school name): \_\_\_\_\_

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.

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

1.

2.

3.

**Honors and Activities -** List honors, awards, scholarships, & offices held in organizations.

Date/Honor Granting Organization In Recognition of (Basis)

1.

2.

3.

**Personal Essay -** Attach an autobiographical essay, **no more than 2 pages long**, double-space, with your name on it. 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

**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. I waive my right to read my recommendation.

Applicant Signature Date

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SIGMA BETA DELTA

**2020 Scholarship Recommendation Form**

**(To be completed by faculty/staff.)**

Please read instructions carefully before completing this form. Type or print firmly and legibly.

**Faculty/Staff Recommender Information**

Name (with title): School:

Telephone: E-Mail Address:

**Applicant Being Recommended**

Name:

**Please rate the applicant with respect to the following qualities:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Exceptional | Above Average | Average | Below Average | Not Observed |
|  | Top 2% | Top 1/3 | Middle 1/3 | Bottom 1/3 |  |
| Intellectual Ability |  |  |  |  |  |
| Maturity |  |  |  |  |  |
| Leadership Potential |  |  |  |  |  |
| Personality/Ability to work with others |  |  |  |  |  |
| Oral/Written Skills |  |  |  |  |  |
| Creativity/Imagination |  |  |  |  |  |
| Self-Confidence |  |  |  |  |  |
| Potential for Career Advancement |  |  |  |  |  |

**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).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Questions, please call the SBD Central Office - 888-723 -7181

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