

**NATIONAL EPSILON SIGMA PHI  
RICHARD R. ANGUS  
PROFESSIONAL DEVELOPMENT SCHOLARSHIP APPLICATION**

Name of Chapter: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Position Title and Major Responsibility:

Educational Background:

Dates of Epsilon Sigma Phi Membership: \_\_\_\_\_

Are your National Epsilon Sigma Phi Dues currently paid? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you received a previous ESP Scholarship: Yes (Year Received \_\_\_\_\_) No \_\_\_\_\_

Description of your personal plan for professional improvement:

Title and description of proposed study (include dates, location, number of hours, sponsoring group, etc.)

Description of how course fits your professional development goals:

- continued -

**MASTER FORM -- PLEASE DUPLICATE**

**NATIONAL EPSILON SIGMA PHI PROFESSIONALISM SCHOLARSHIP APPLICATION**

Page 2

Description of how your proposed study relates to your Chapter's emphasis on professionalism:

Budget: (Show breakdown for registration, transportation, food, and lodging and other expenses--specify.)

Have you requested funds from other sources? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, indicate the type and amount of funding:

Scholarship Amount Requested: \$ \_\_\_\_\_

Signatures:

\_\_\_\_\_  
Support of Chapter President (signed)

\_\_\_\_\_  
Support of Director of Extension (signed)

SEND ELECTRONICALLY THE APPLICATION AND LETTER OF RECOMMENDATION FROM YOUR SUPERVISOR TO: Chair of Member Services and a copy to Executive Director (names and addresses listed in Directory). Must be sent no later than end of business on **March 1**.

**MASTER FORM -- PLEASE DUPLICATE**