



Richard R. Angus Professional Development Scholarship Application

Name: _____ Title: _____

Address: _____

Office Phone: _____ FAX Number: _____

Chapter: _____ 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:

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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 Scholarship, Grants and Recognition and a copy to Executive Director (names and addresses listed in Directory). Application must be sent no later than end of business on **March 1**.