

Howard Penniman Graduate Scholarship Deadline: May 1, 2025

| INSTRUCTIONS | | | | | | |
|--|-------------|---|--|----------|---------|--|
| Send ONE copy of full package to national office via email (office@pisigmaalpha.org), including: | | | | | | |
| completed application letter of | | nomination from chapter advisor | | | | |
| official school transcript | ☐ letter of | letter of nomination from two other faculty members | | | | |
| | candida | area candidate statements as detailed on Pi Sigma Alpha web site | | | | |
| | | | | | | |
| APPLICANT FULL NAME | | INSTIT | UTION NAME | | | |
| AT LIGARITOLE INVINE | | IIICIII | OTION NAME | | | |
| EMAIL ADDRESS (permanent) | | CELL PHONE NUMBER | | | | |
| HOME ADDRESS/PERMANENT ADDRESS | | | | | | |
| PI SIGMA ALPHA CHAPTER (greek name) | | DATE INITIATED (or scheduled date) | | | | |
| PI SIGMA ALPHA OFFICES HELD OR ROLE | S | | | | | |
| EXPECTED DATE OF GRADUATION | | | | | | |
| CHAPTER ADVISOR NAME | | CHAPTER ADVISOR EMAIL | | | | |
| GRADUATE SCHOOLS APPLIED TO AND STATUS OF EACH | | | ACCEPTED | REJECTED | NO WORD | |
| | | | | | | |
| | | | | | | |
| DATE GRE TAKEN (Optional) | | GRE SCORE (Optional) | | | | |
| I, the undersigned, do certify that this information is correct to the best of my knowledge | | I, the undersigned, nominate this student for the Penniman Scholarship and certify that this information is correct to the best of my knowledge | | | | |
| SIGNATURE OF APPLICANT DATE | | SIGNA | SIGNATURE OF PI SIGMA ALPHA ADVISOR DATE | | | |