

BERYL SHOWERS HOLLAND FELLOWSHIP
DIRECTIONS FOR APPLICATION

Required materials include:

1. Application Form.
2. Official Transcript.
3. A brief statement about your educational background, interests, and short- and long-range plans.
4. A small, high quality, unmounted picture of yourself. Pictures of award recipients are used in news releases. Please send a .jpg file.
5. Three recommendations. IU faculty, administrative staff and employers are preferred as recommenders. If you already have recommendations that you feel are adequate for this purpose, you may use copies and attach them to the Reference Forms.
6. A descriptive resume which includes honors, academics, extra-curricular activities, and campus and community service.
7. An estimated budget for graduate school of expenses and income for the 2019-2020 academic year.

NOTE: COMPLETED APPLICATION MATERIALS AND REFERENCES (AT LEAST THREE) SHOULD BE SUBMITTED AS SOON AS CONVENIENT, BUT NO LATER THAN TUESDAY, February 28, 2019.

Applicants must be full-time graduate students beginning with the 2019 fall semester. **Finalists will be interviewed on campus on Sunday, March 31, 2019.** All applicants will be notified as to whether or not they will be interviewed and the time and location of the interview.

All materials should be submitted via e-mail to berylshowers@trikappa.org.

APPLICATION FOR BERYL SHOWERS HOLLAND FELLOWSHIPS

Date _____

Name _____ ID# _____

Campus Address _____
(include city, state and zip)

Campus Phone _____ Email _____

Home Address _____
(include city, state and zip)

Home Phone _____

Name and Address of Parents

Undergraduate Degree _____ Date Expected _____ Cum. G.P.A. _____

School or College _____ Major _____ Minor _____

Total Number of Hours yet to be Completed on Bloomington Campus _____

Attach a descriptive resumé which includes activities sections listed below:

Academic objectives

Academic activities and honors

Extra-curricular activities and honors

Leadership roles

Self-support activities

Campus and community service

Field of Graduate Study (if applicable) _____

Which University? _____ Why selected? _____

Degree Sought: _____ In How Many Years? _____

Date of Matriculation: _____

Future career/plans: _____

References:

1. _____
Name Address Phone

2. _____
Name Address Phone

3. _____
Name Address Phone

Tentative budget for next year: (attach additional sheet showing projected income and expenses)

Please submit all materials via e-mail to berylshowers@trikappa.org.

I certify that all information submitted by me in the scholarship application packet is accurate.

Signature

BERYL SHOWERS HOLLAND FELLOWSHIP REFERENCE FORM

Applicant's Name _____

ID# _____ Today's Date _____

Note to recommender: Please type if possible and e-mail directly to berylshowers@trikappa.org. References should be received no later than February 28, 2019 (5:00 p.m.). A letter may be used in lieu of this form.

The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his/her rights to inspect letters of recommendation. The applicant's signature below constitutes a waiver; no signature means the student will have the right to read this reference.

Signature _____ Date _____

Date _____

Signature of Recommender _____

Type or Print Name _____

Title _____

School or Department _____

(Use additional sheet if necessary or attach separate letter)