

**ΠΣΑ Washington Intern Scholarship
Application Form
Please Type or Print Clearly: Send Three (3) Copies**

Name _____
Last First Middle

Social Security Number _____

Applicant's E-mail address _____

Applicant's School Address _____

Permanent Home Address _____

Present Phone _____ Home Phone _____

Birth date _____ Marital status single married separated divorced

Expected date of graduation _____

Name of college or university _____

Name of ΠΣΑ Chapter _____ Applicant's initiation date (or scheduled date) _____

ΠΣΑ Offices held _____

ΠΣΑ Faculty Advisor _____ Phone _____ E-mail _____

Washington internships applied/accepted to (sponsoring institution and nature of internship)	Term (summer or fall)	# of academic credits received*
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check here if your internship is with The Washington Center for Internships and Academic Seminars ([TWC](#))

I, the undersigned, do certify that this information is correct to the best of my knowledge.

Signature of applicant _____ Date _____

I, the undersigned, nominate this student for the ΠΣΑ Intern Scholarship and certify that the information on this form is correct to the best of my knowledge. *I certify that the applicant WILL RECEIVE ACADEMIC CREDIT for this internship.

Printed name and signature of ΠΣΑ Chapter Adviser _____ Date _____

Email Address: _____

Attach your essays, transcript and letters of recommendation, and send **THREE COPIES OF EVERYTHING** to:

Intern Scholarships
Pi Sigma Alpha National Office
1527 New Hampshire Ave., NW
Washington, DC 20036

**MUST BE RECEIVED BY
May 1!**

QUESTIONS: office@pisigmaalpha.org