

## McManus Washington Internship Scholarship Deadline Extended: June 1, 2021

INSTRUCTIONS		
Send ONE copy of full package to nation	onal office via em	ail (office@pisigmaalpha.org), including:
completed application	2 lette	ers of nomination (one must be from chapter advisor)
official school transcript	candic	late statements as detailed on Pi Sigma Alpha web site
APPLICANT FULL NAME		INSTITUTION NAME
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EMAIL ADDRESS (permanent)		CELL PHONE NUMBER
HOME ADDRESS/PERMANENT ADDRES	S	
CHAPTER (greek name)	DATE INITIATED	(or scheduled date) EXPECTED DATE OF GRADUATION
PI SIGMA ALPHA OFFICES HELD OR RO	LES	
CHAPTER ADVISOR NAME		CHAPTER ADVISOR EMAIL
WASHINGTON INTERNSHIPS APPLIED T	O/ACCEPTED TO	TERM (summer/fall) # ACADEMIC CREDITS
CHECK HERE IF INTERNSHIP IS WIT	H THE WASHING	TON CENTER FOR INTERNSHIPS (TWC)
STUDENTS WHO CAN ANSWER ANY ON BE CONSIDERED FOR AN ADDITIONAL S	-	IONS BELOW AND PROVIDE WRITTEN CONFIRMATION MAY T.
Have you received notice that you are eligib	le for a federal Pell	Grant? YES NO
Have you received notice that your are eligib		
Have you received notice that you are eligib		
I, the undersigned, do certify that this information is correct to the best of my knowledge.		I, the undersigned, nominate this student for the McManus Scholarship and certify that the applicant WILL RECEIVE ACADEMIC CREDIT for this internship.
SIGNATURE OF APPLICANT	DATE	SIGNATURE OF PI SIGMA ALPHA ADVISOR DATE