

**ΠΣΑ Washington Intern Scholarship  
Application Form  
Please Type or Print Clearly**

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, official transcript and letters of recommendation, and send 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](mailto:office@pisigmaalpha.org)