

**BETA GAMMA SIGMA**  
**Scholarship Recommendation Form**  
(May be used by Collegiate Chapter in Recipient Local Selection Process)  
**NOT** to be returned to BGS Central Office  
**2014 Student Scholarship Program**

Please read instructions carefully before completing this form. Type or print firmly and legibly in ink.

---

**Information on Scholarship Applicant**

Full Name \_\_\_\_\_

Beta Gamma Sigma Chapter/Institution \_\_\_\_\_

---

**Information on Person Providing Recommendation**

Name \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

---

What characteristics do you consider to be the principal talents and strengths of the applicant which qualify him/her for the BETA GAMMA SIGMA STUDENT SCHOLARSHIP?

---

---

---

---

Please comment on the applicant's academic preparation and abilities.

---

---

---

---

Please comment on the applicant's demonstrated and/or potential leadership.

---

---

---

---

Please comment on the applicant's financial status and other information that may help in the decision (while need is not the primary consideration in making the grant, the student's need may be considered in the selection process).

---



---



---



---

Please comment on the applicant's community service activities (university or otherwise).

---



---



---



---

In comparison with other business students in the same classification as the applicant, how would you rate the applicant with respect to the following qualities:

	Inadequate Opportunity to observe	Below Average Bottom 1/3	Average Middle 1/3	Good Top 1/3	Very Good Top 20%	Outstanding Top 10%	Truly Exceptional Top 2%
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality/Ability to get along well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity/Imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Career Advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to \_\_\_\_\_, Beta Gamma Sigma chapter advisor at

\_\_\_\_\_ by \_\_\_\_\_  
*Building/Room* *Name* *Date*

# BETA GAMMA SIGMA Scholarship Application Form

(To be completed by applicant and returned to BGS chapter advisor for local selection.)

## 2014 Student Scholarship Program

Please read instructions carefully before completing this form. [TYPE OR PRINT FIRMLY AND LEGIBLY IN INK.](#)

### Personal Information

Full Name \_\_\_\_\_

#### Current (School)

Mailing Address \_\_\_\_\_ City, State/Province, Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Permanent email \_\_\_\_\_

#### Permanent

Mailing Address \_\_\_\_\_ City, State/Province, Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_

### Educational Information

Current Beta Gamma Sigma member     Will be inducted as a member of Beta Gamma Sigma during Spring 2014

Institution attending: \_\_\_\_\_

Institution where inducted into BGS (if different from above): \_\_\_\_\_

Inducted/will be inducted as:     Undergraduate     Graduate    Induction date: \_\_\_\_\_

Presently enrolled in     Baccalaureate Degree Program     Masters Degree Program     Neither \_\_\_\_\_

Major field of study: \_\_\_\_\_

Current cumulative grade point average: \_\_\_\_\_ Rank in Class: \_\_\_\_\_

Current classification: \_\_\_\_\_

Educational plans for 2014-2015: \_\_\_\_\_ Name of Institution Attending in 2014-2015: \_\_\_\_\_

Type of Degree Program: \_\_\_\_\_

Expected/actual date of graduation: \_\_\_\_\_

Currently, I am:     a full-time student     a part-time student     working, already graduated \_\_\_\_\_

### Significant Work Experience

List current or most recent first. *(Attach additional sheets if necessary)*

Employer	Period (month and year) From – To	Nature of Work	F/T or P/T
----------	--------------------------------------	----------------	------------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

---

## Honors and Activities

Please list relevant honors, awards, scholarships, other special recognitions received, leadership roles held in organizations and other community service activities. (Attach additional sheets if necessary.)

Date/Honor	Granting Organization	In Recognition of (Basis)
1.		
2.		
3.		
4.		
5.		

---

## Community Service Activities

Please list community service activities in which you have been involved. (Attach additional sheets if necessary.)

Date(s)	Community/Collegiate Organization	Type of Involvement
1.		
2.		
3.		

---

I authorize \_\_\_\_\_ Name \_\_\_\_\_ Title to provide a recommendation for me for the Beta Gamma Sigma

For Student Scholarship Programs which use the Recommendation Form provided: I waive my right to read this recommendation. I certify that the information provided on this Scholarship Application Form is, to the best of my knowledge, true and correct.

Additionally, if selected, I authorize Beta Gamma Sigma or my collegiate chapter to issue a press release on my selection. I understand that I am required to provide a current photograph (with release to print from the photographer if the photo is copyrighted) to the Central Office.

---

Signature (*not typed*)

---

Date

### Note:

The Beta Gamma Sigma collegiate chapter scholarship competition may require applicants to provide transcripts, a written essay or other selection determinants.