



Washington State Phi Beta Lambda

SCHOLARSHIP APPLICATION

(Please Type or Print)

Applicant's Name

Major

Membership ID Number

Cumulative College GPA

Address

City

State

Zip

Phone Number

Email Address

Local Chapter Name

Greek ID

Chapter Number

Chapter Address

City

State

Zip

Chapter Phone Number

Chapter Email Address

Local Chapter Adviser

Phone Number

Email Address

Years in FBLA-ML / FBLA / PBL / PD

Highest Level of BAA / CMAP

In less than 500 words, tell us why you deserve this scholarship award. Please include anything you wish to share with us, emphasizing leadership, involvement, academic merit, and/or personal adversity in this statement.

If selected as the recipient of the Washington State Phi Beta Lambda Scholarship:

- I must be a registered attendee at the State Leadership Conference;
- Comply to photo and/or video opportunities for educational and promotional purposes;
- Help my local and state chapter recruit and retain membership;
- Keep my school administration, local adviser, state liaisons informed of all activities.
- Maintain the highest degree of personal honor, integrity, and ethics.

Code of Conduct Certification:

As a scholarship applicant, I agree that I will abide by the prescribed code of conduct. By checking this box, I certify my agreement.

Applicant's Signature

Date

Local Chapter Adviser Signature

Date