



Phi Phi Chapter Chi Eta Phi Sorority, Incorporated® Sumter, SC

January 31, 2026

Dear Student:

Congratulations on choosing a rewarding career in nursing! Chi Eta Phi Sorority, Incorporated® is a professional organization for registered nurses and student nurses (male and female) representing many cultures and diverse ethnic backgrounds. More than 8000 Registered Nurses and Student Nurses hold membership in Chi Eta Phi Sorority, Incorporated®.

The Phi Phi Chapter of Chi Eta Phi Sorority, Inc. is pleased to announce that we will offer a scholarship to nursing students for the 2026 Spring school semester. This scholarship was established to recognize outstanding nursing students enrolled in an Associate or Bachelor of Nursing program who attend and/or reside in Sumter, Lee, Clarendon, Kershaw, and Calhoun Counties.

To receive this scholarship, you will need to complete four items. This will include:

1. Scholarship Application
2. A 300 - 500-word essay
3. Two (2) Letters of Reference
4. A current unofficial transcript with GPA

Please submit application by March 31, 2026, or postmarked by same date to:

Phi Phi Chapter of Chi Eta Phi Sorority, Incorporated®
c/o Alison Haggwood, Scholarship Committee Chair
P.O. Box 2726, Sumter, SC 29151-2726

Applications may also be submitted at our email address chietaphiphi2000@gmail.com.

Email questions to chietaphiphi2000@gmail.com.

Phi Phi Chapter Chi Eta Phi Sorority, Incorporated® Sumter, SC



Scholarship Information and Application

Members of the Phi Phi Chapter are committed to increasing the nursing workforce in our surrounding counties by supporting scholarships to students enrolled in a professional nursing education program.

Application Criteria:

- An undergraduate student nurse enrolled in a State and NLN accredited nursing program.
- Maintain an academic average required by the school to remain in the nursing program.
- Attend a nursing program and/or reside in Sumter, Lee, Clarendon, Kershaw, and Calhoun Counties.
- At least one year at the clinical level completed.

Selection Criteria:

- The scholarship recipient will be selected based on statements from the following:
 - Student
 - Two (2) letters of reference
 - **Maximum of a 500-word essay** based on Chi Eta Phi, Incorporated® motto “Service for Humanity” and how you would apply the motto in your nursing career.

Scholarship Award:

This scholarship provides an award of up to \$1000.00. Recipients are encouraged to attend Phi Phi Chapter Scholarship Event for award presentation.

Application and Selection Process:

- The student will request (obtain) an application from the Phi Phi Chapter.
- Include a copy of an unofficial transcript of your most recent clinical grades signed by your advisor.
- Include two (2) letters of reference. One reference must be from an instructor of your nursing program.

- The completed application and the supporting essay from the student should be returned to Phi Phi Chapter by March 31, 2026, by 11:59 p.m. The completed application can be emailed to chietaphiphi2000@gmail.com or mail to

Phi Phi Chapter of Chi Eta Phi Sorority, Incorporated®
c/o Alison Haggwood, Scholarship Committee Chair
P.O. Box 2726, Sumter SC 29151-2726

- The Scholarship Committee will review the application.
- The award will be based on academic standing, philosophy, and need.
- The scholarship recipient will be notified April 15, 2026.

NOTE: The scholarship will be presented during the Phi Phi Chapter Scholarship Luncheon. Recipients are encouraged to attend the event on May 2, 2026.

Phi Phi Chapter
Chi Eta Phi Sorority, Incorporated®
Nursing Scholarship Application

Date: _____

I. APPLICANT INFORMATION

Name: _____

Last	First	Middle
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Current Address:			
Street/PO Box	City	State	Zip Code

Permanent Address:				
Street/PO Box	City	State	Zip Code	

Contact Information:		
Home Phone	Mobile	Email

Age Group: **17-25** **26-35** **36-45** **46 & Above**

Are you: **Single** **Married** **Widowed** **Divorced**

Are you a citizen of the United States? **Yes** **No**

Work Experience: _____

If you are currently a Licensed Practical Nurse, please provide your state and license number: _____

List awards, honors, and accolades you have received. _____

Organization(s) Affiliation: _____

Offices Held: _____

Volunteer History: _____

II. NURSING EDUCATION

Name and address of school attending: _____

Classification: Junior Senior

Graduation Date: _____ Degree Type: _____

Current GPA: _____

III. FINANCIAL STATUS

Are you receiving any financial assistance at present? Yes No

If yes, please complete the following and select all that apply:

Loan(s)

Type of Loan(s): _____

Grant(s)

Type of Grant(s): _____

Scholarship(s)

Name of Scholarship(s): _____

I hereby affirm that all information provided in this application is true and correct.

I agree that if I am awarded this scholarship, I will use the funds for expenses related to my nursing studies. I understand that this award will be written to me as the recipient. My name and photograph can be used to publicize this scholarship program for promotion, recognition, recruitment, and retention efforts.

Signature of Applicant

Date