

SIGMA BETA DELTA 2016 STUDENT FELLOWSHIP APPLICATION INSTRUCTIONS

The SBD Fellowship Program will award twenty eight (28) fellowships to qualifying members in 2016. The awards range from \$1,500 - \$1,000 (honorable mentions of \$250 may be awarded). Each chapter will nominate **only one** qualifying SBD member from their local chapter and forward their application to the SBD Central Office.

The Sigma Beta Delta Fellowship **Application Form** is to be completed by the student applicant. The application must include responses to the essay and transcripts covering the student's complete collegiate career. The student nominated must request that official transcripts be sent from the school to the SBD Central Office.

The Sigma Beta Delta Fellowship **Recommendation Form** is to be completed by a member of the business school faculty or college/university administration who best knows the applicant's abilities.

Who is eligible to compete for the SBD Fellowships?

Any SBD member or student who will be or has been invited to become a member during the 2015-2016 academic year is eligible to compete in the SBD Fellowship Program. In the case of a nominee who will be invited to join Sigma Beta Delta during this academic year, the fellowship award will be contingent upon acceptance of the membership invitation. Award winners must show proof of future academic enrollment to receive the cash award. Winners have up to a year after the winners are announced to receive the award.

How do local chapters select their nominee?

Local chapters may set their own procedures for selecting their nominee. However, Sigma Beta Delta requires each chapter to use the standard criteria for the fellowship program, including the Fellowship Application Form, and the Fellowship Recommendation Form.

Apply one of two ways

Email a PDF scanned copy of the complete Fellowship Application (including; Application Form, Nomination Form, and Personal Essay) to the SBD Central Office by the **deadline date of May 14, 2016**. Type "(Your Last Name) Fellowship Application" in the email subject line. Official Transcripts should be emailed or mailed separately from the institution, postmarked by the deadline. **E-Mail to:** sigmabetadelta@umsl.edu

Mail a complete copy of the Fellowship Application (including; Application Form, Nomination Form, and Personal Essay) to the SBD Central Office by the **deadline date of May 14, 2016**. Official Transcripts should be emailed or mailed separately from the institution, postmarked by the deadline.

Mail to: Sigma Beta Delta
Fellowship Application
1 University Blvd
Provincial House P11
St. Louis, MO 63121

Chapters can send **only one** nomination per chapter to the Central Office
Official transcripts required under separate cover.

A complete Fellowship Application Packet includes:

1. Fellowship Application Form
2. Personal Essay
3. Fellowship Recommendation Form
4. Official transcript

Award Distribution

Award winners will be announced August, 2016. After Fellowship recipients provide proof of continuing education, a photo, and a photo release form a check will be made out in the recipient's name and mailed to the Faculty Advisor of the student's SBD chapter for presentation to the student (if applicable) or mailed to the recipient.

Questions, please call the SBD Central Office - 888-723 -7181
Sigma Beta Delta is an Equal Opportunity Educational Organization.

SIGMA BETA DELTA
2016 Student Fellowship
Application Form
(To be completed by applicant and returned to faculty advisor by local deadline.)

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

Personal Information

Name: _____

Best Contact information

Mailing Address: _____

Telephone: _____ E-Mail Address: _____

Educational Information

SBD Member or Will be inducted as an SBD member at (name of institution): _____

Inducted as/will be inducted as: Junior Senior Masters Doctoral Student

Induction date: _____

Major field of study: _____

Current cumulative grade point average: _____ Rank in Class: _____

Continuing Education Plans: _____

Expected/actual date of graduation: _____

Currently, I am: a full-time student a part-time student graduated/working (where): _____

Significant Work Experience

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

Employer	Dates (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 and offices held in organizations. (Attach additional sheets if necessary)

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

Essay

Attach an autobiographical essay, no more than 2 pages long, in which you discuss your academic strengths and challenges, significant experiences (personal, academic, or work,) community involvement, and the qualities of leadership important to achieving your goals. Highlight those personal accomplishments, achievements and experiences that have given you considerable satisfaction and have helped to form your character. Discuss your aspirations in terms of your educational and career goals. Explain why you are applying for a fellowship and the difference receiving a fellowship would mean in your life. In addition, state how your plans will support that part of Sigma Beta Delta's purpose "to encourage and promote personal and professional improvement and a life distinguished by honorable service to mankind." Please type and double-space the essay and place your name on it.

I authorize _____ to provide a recommendation for me for
Name *Title*
the Sigma Beta Delta Student Fellowship Program using the Recommendation Form provided. I waive my right to read this recommendation. I certify that the information provided on this Fellowship Application Form is to the best of my knowledge, true and correct. Additionally, if selected, I authorize Sigma Beta Delta to issue a press release of my selection and will provide a current photograph (with release to print from photographer if copyrighted photo) to the SBD Central Office.

Applicant Signature

Date

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SIGMA BETA DELTA
2016 Fellowship Recommendation Form
(To be completed by faculty/staff and accompany Fellowship Application Form)

Please read instructions carefully before completing this form. Be sure to type or print firmly and legibly.

Information on Fellowship Applicant

Full Name: _____

Sigma Beta Delta Chapter/Institution: _____

Information on Faculty/Staff Providing Recommendation

Name: _____ Title: _____

Institution: _____

Address: _____

Telephone: _____ E-Mail Address: _____

What characteristics do you consider to be the principal talents and strengths of the applicant which qualify him/her for the Sigma Beta Delta Student Fellowship Award?

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 award, Sigma Beta Delta would like to know of the student's need if applicable).

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

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