

Chi Alpha Epsilon, Beta Phi Chapter
Educational Opportunities Program and
The Office of Access & Academic Enrichment
1400 Washington Ave. LI-94
Albany, NY 12222
Contact: Yessenia Raposo
Phone: 518-442-5182
Email: yraposo@albany.edu



Application Form

FEE Included: \$55.00

Deadline: June 14, 2019

Pay to: Chi Alpha Epsilon
Only check or money order accepted

Name: _____ **Campus ID#:** _____ - _____ - _____
Last First MI

Program: EOP TRIO, SSS C-STEP

Academic Year: Sophomore Junior Senior **Cumulative GPA:** _____

Major: _____ **Expected Date of Graduation:** _____

E-Mail: _____ **Home Phone:** _____ **School Phone:** _____

Home Address: _____
Street City State Zip

School Address: _____
Street City State Zip

College: UAlbany-SUNY, 1400 Washington Ave., Albany, NY 12222, 518-442-5180 (EOP Office)

College Activities/Personal Interests: (clubs, organizations, societies, athletics, hobbies, talents, etc.)

College Honors: (Dean's List, Scholarships, etc.) _____

Future Aspirations: _____

In the tradition of past scholars, I pledge to continue to excel academically, to promote academic excellence in others, and to help those who genuinely aspire to achieve the same goals. Furthermore, I promise to uphold the Constitution of the Society, respect its traditions, and edify its membership.

Signature _____ Date _____

A National Honor Society recognizing outstanding scholarship among students in the Developmental Education community.

See back →