



# Delta Theta Chi Sorority

A NATIONAL ORGANIZATION FOR WOMEN

## A National Educational Sorority

### APPLICATION FOR NATIONAL MEMORIAL SCHOLARSHIP 2020-2021

Return to: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Chapter) (Province)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Email Address)

Chapter: Complete the information above before mailing to applicant

*Note: **All applicants must reside in the United States.** Applications must be submitted through a local Delta Theta Chi chapter. If you do not know of a chapter in your area, please contact the National Scholarship Chairman, Connie Cripe at [ccripe@tds.net](mailto:ccripe@tds.net) for information on the nearest chapter. Please allow 24 hours for response.*

**To Applicant: Please read carefully, answer all questions, attach the following and return to the above address postmarked BY FEBRUARY 1, 2020.**

1. Transcript of grades covering past four (4) years.
2. If High School Student or freshman in College: an official documentation showing average grade point, SAT and/or ACT test scores. Test scores not required for College Sophomores and above.
3. A separate paragraph giving a brief description of courses, intended major, and reason for furthering your education needs to be attached to the application.
4. Only applications sent via mail will be accepted. No email applications will be accepted.
5. Letter of reference from minimum of one (1) person (other than relative) who knows you well
6. Scholarships must be accepted in the year they are awarded and cannot be delayed.

**Three \$1,600 National Memorial scholarships will be awarded. The winning applicants will be notified May 2020 and will need to provide a photograph 2.5 X 3.5 of billfold size for publication.** If you desire the return of your application in the event you are not selected, please enclose a stamped, self-addressed envelope.

**NOTE: Incomplete applications will not be considered. Please type or write neatly.**

[www.deltathetachi.org](http://www.deltathetachi.org)

**Application for Delta Theta Chi National Memorial Scholarship**

1. Applicant Name: \_\_\_\_\_

2. Home Address: \_\_\_\_\_  
Street City State Zip

3. Home Telephone Number: \_\_\_\_\_  
Area Code Number

4. Name of School Currently Attending: \_\_\_\_\_

5. School Address: \_\_\_\_\_  
Street City State Zip

6. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

7. Father's Name: \_\_\_\_\_ Living? Yes  No   
Address: \_\_\_\_\_ Employer: \_\_\_\_\_  
Street City State Zip  
Occupation: \_\_\_\_\_

8. Mother's Name: \_\_\_\_\_ Living? Yes  No   
Address: \_\_\_\_\_ Employer: \_\_\_\_\_  
Street City State Zip  
Occupation: \_\_\_\_\_

9. **IMPORTANT:** Parents' adjusted gross income for previous year \$ \_\_\_\_\_  
**(IRS 1040, line 37 or IRS 1040A, line 21)**

10. Give the names and ages of your brothers and sisters. Are any siblings attending college?  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you applied for admission to college? Yes  No   
a. Where have you applied: \_\_\_\_\_  
b. In what field are you seeking a degree or career? \_\_\_\_\_

12. Have you been accepted? Yes  No  If accepted, which College or University?  
\_\_\_\_\_

13. State your class if you are now in college: \_\_\_\_\_

14. Name of college or university chosen or now attending: \_\_\_\_\_

15. (a) Have you applied for or received any student aid toward your college or university education?

Yes  No  If yes, from whom, when and amount? \_\_\_\_\_

(b) Have you applied for or received any student aid toward your graduate work? Yes  No

If yes, from whom, when and amount? \_\_\_\_\_

(c) State in full your present indebtedness, if any: \_\_\_\_\_

16. Do you expect to earn money while at school? Yes  No  How? \_\_\_\_\_

17. Have you earned anything by your own efforts during the last four years? Yes  No

State types of earnings and approximate amounts: \_\_\_\_\_

**18. EDUCATION:**

**High School** \_\_\_\_\_

**College** \_\_\_\_\_

**Graduate School** \_\_\_\_\_

19. List extracurricular activities, offices held and length (months/years) of involvement:

**High School**

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**College or University**

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20. List extracurricular activities and offices held outside of high school/college:

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21. List hobbies and other interests:

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**ADDITIONAL INFORMATION / REMARKS:**

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For submittal to:

**DELTA THETA CHI SORORITY – National Scholarship Committee**

**(Information below will be considered confidential)**

Please fill in a budget for the year in which you are applying for this scholarship.

High School Students, complete Column A. College Students, complete columns A and B.

	(A) Year for which Scholarship is requested	(B) Preceding Year
Scholarship(s) applied for	_____	_____
Scholarship(s) received:	_____	_____
Estimated Income:		
Loan(s)	_____	_____
Student Earnings, summer	_____	_____
Student Earnings, academic year	_____	_____
Other Income:		
Fund from parents	_____	_____
Fund from others	_____	_____
Other source	_____	_____
Total	\$ _____	\$ _____
Estimated Expenses:		
Tuition	_____	_____
Room and Board	_____	_____
Fees	_____	_____
Books and Supplies	_____	_____
Total	\$ _____	\$ _____

In consideration of my academic record and the facts set forth in this application, I respectfully petition that a scholarship be awarded to me for the academic year 2020-2021, and I solemnly affirm that to the best of my ability the information given is correct. If chosen as a finalist, I will supply a FAFSA (Federal Student Aid) form or my parents' last year's income tax return form to the National Office.

If an award is made to me and I am not accepted by the college or university named, or if I do not attend school for the date specified, or I receive a full Scholarship from another source, the granting of this scholarship will be void. When I resume my schoolwork, I will file a new application. I understand that two National Scholarships will be awarded.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Email address: \_\_\_\_\_

RELEASE

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In consideration of my receiving one of the Delta Theta Chi National Scholarships awards, I hereby give my consent to the use of my name, city and state of residence, photograph, and information about my qualifications and my plans for the future for publicity purposes.

I hereby release the National Sorority, any of its Provinces or Chapters from all claims of any kind on account of such use.

Applicant Signature: \_\_\_\_\_

Parent Signature (if minor): \_\_\_\_\_

Date: \_\_\_\_\_