

DELTA THETA CHI SORORITY

IRENE MUTCH THOMSON ELECTRA PROVINCE SCHOLARSHIP

PART A. CHAPTER INFORMATION. The local chapter representative will complete the following information prior to forwarding this application to the student. **Please print or type.**

Chapter: _____

Chapter Scholarship Representative: _____

Mailing Address: _____

CITY

STATE

ZIP

Daytime Telephone (including area code): _____

Email address (optional): _____

PART B. APPLICANT INSTRUCTIONS.

1. Please attach the items listed below:

- Official transcript of previous college credit mailed directly from the college to the address above. A minimum of thirty (30) credit hours are required for scholarship eligibility, and you must have a declared major in the Fine Arts (Music, Art, Dance, Theatre).
- A billfold-sized photograph of yourself (attached directly to the application).
- A brief description of college experiences thus far, your plans for further education, and your overall career plans. (Maximum 1 page typed, single-spaced with double spaces between paragraphs. Include your name at the top left.)
- Two letters of reference, at least one of which to be from a course instructor from the past academic year.

2. Return to the Chapter Scholarship Representative at the above address **March 1** prior to the start of the fall semester of the academic year for which the scholarship is requested.

3. If you desire the return of your application in the event you are not selected, please enclose a stamped, self-addressed envelope.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

(Continued on the next page ⇒)

IRENE MUTCH THOMSON ELECTRA PROVINCE SCHOLARSHIP APPLICATION

PART C. APPLICANT INFORMATION. Please read carefully and answer every item. All applicant information will remain confidential. **Please print or type.**

1. Personal Information

Name: _____ SSN: _____

Place of Birth: _____ Birth Date: _____

Mailing Address: _____

CITY

STATE

ZIP

Telephone (including area code): _____

Email address (optional): _____

2. College/University Information

Name and address of the college or university you have chosen or are now attending:		
If you are currently attending, for how many credit hours are you currently enrolled?		
If you are not currently attending, have you applied for admission?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you have applied for admission, have you been accepted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

3. Employment Information

Are you employed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If YES, please answer the following:</i>		
Occupation / Job Title:		
Employer Name:		
Address:		
CITY STATE ZIP		
Telephone (including area code):		
Monthly Income before Taxes:		
Do you plan to work while attending school?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If YES, what is your anticipated monthly income (before taxes):</i>		

(Continued on the next page =>)

IRENE MUTCH THOMSON ELECTRA PROVINCE SCHOLARSHIP APPLICATION

4. Support from Parents/Step Parents

Do you live with (check all that apply) ...	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Step Parent	<input type="checkbox"/> None of these
---	---------------------------------	---------------------------------	--------------------------------------	--

Do you receive financial support from your Mother?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please supply the following information:		
Mother's Name:		
Occupation:		
Employer Name:		
Address:		
CITY	STATE	ZIP
Annual Income:		

Do you receive financial support from your Father?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please supply the following information:		
Father's Name:		
Occupation:		
Employer Name:		
Address:		
CITY	STATE	ZIP
Annual Income:		

Do you receive financial support from a Step Parent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please supply the following information:		
Step Parent's Name:		
Occupation:		
Employer Name:		
Address:		
CITY	STATE	ZIP
Annual Income:		

If parents and/or stepparent provide financial support, list the following for your brothers and/or sisters:

Name	Age	School and/or Work Status

(Continued on the next page =>)

IRENE MUTCH THOMSON ELECTRA PROVINCE SCHOLARSHIP APPLICATION

5. Marital Status

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
If married, please supply the following information:				
Spouse's Name:				
Occupation:				
Employer Name:				
Address:				
CITY		STATE	ZIP	
Annual Income:				

6. Dependent Children

If you have dependent children, provide the following information:

Name	Age	School and/or Work Status

7. Financial Need

Describe any other factors that influence your financial need (health, etc.):
Have you applied for or received any student aid toward your current college or university education? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please answer the following:
From whom and/or which organization or source:
When:
Amount received: \$
Describe any other sources of financial support:
State your full present indebtedness, if any.

(Continued on the next page =>)

IRENE MUTCH THOMSON ELECTRA PROVINCE SCHOLARSHIP APPLICATION

Please summarize why you feel you need financial assistance:

8. Outside the classroom:

List extra-curricular activities, offices held, volunteer work, awards, etc. during the last two years:

How do you generally spend your time outside the classroom?

9. Your Health:

Please describe your health. If you have any specific health or medical conditions, please describe in detail:

10. Additional Remarks:

IRENE MUTCH THOMSON ELECTRA PROVINCE SCHOLARSHIP APPLICATION

FINANCIAL DISCLOSURE

Name (please print or type): _____

The Irene Mutch Thomson Electra Province Scholarship is for students who have accrued thirty (30) credit hours of coursework at an accredited college or university and is majoring in the fine arts (music, art, dance, or theatre).

Please fill in a budget for the year in which you are applying for this scholarship and for the preceding year if you have been attending college. Degree of financial need and evidence of self-help accounts for 45% of your application score. The information below will be considered confidential.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

ESTIMATED INCOME:	Preceding Year	Year for Which Scholarship is Requested
Scholarships	\$	\$
Student Aid		
Loans (student loans, personal loans)		
Earnings, summer (jobs, internships, etc.)		
Earnings, academic year (jobs, internships, etc.)		
Other Income – please specify sources:		
Funds from parents and/or family members		
Funds from spouse and/or spouse's family members		
Other (specify)		
TOTAL ESTIMATED INCOME	\$	\$

ESTIMATED EXPENSES:	Preceding Year	Year for Which Scholarship is Requested
Tuition (academic year and summer sessions)	\$	\$
College / University Fees (e.g., lab fees)		
Room and Board		
Books and Supplies		
TOTAL ESTIMATED EXPENSES:	\$	\$

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 _____, and I solemnly affirm that to the best of my ability the information given is correct.

I understand that, 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, the granting of the scholarship will be void. I further understand that I am required to file a new application if I wish to be considered again for this scholarship when I resume my college career.

Signature: _____

Date: _____

PUBLICITY RELEASE FORM

In consideration of my receiving any one of the Delta Theta Chi National or Province Scholarship 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 to be used for publicity purposes, including dissemination through electronic media.

I hereby release Delta Theta Chi Sorority, and all its Provinces, Chapters and the National Office from all claims of any kind from such use.

Applicant Signature _____ Date _____

Parent Signature (if minor) _____ Date _____