



# Delta Theta Chi Sorority

A NATIONAL ORGANIZATION FOR WOMEN

## A National Educational Sorority

### APPLICATION FOR NATIONAL SCHOLARSHIP 2023-2024

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 currently reside in the United States or a Territory of 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 Karen Kammer, grannykamm@gmail.com 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, 2023.**

1. Transcript of grades or written evidence of scholastic achievement covering past four (4) years or through High School.
2. If High School Student or freshman in College: an official documentation showing average grade point.
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 Scholarships will be awarded. The winning applicants will be notified May 2023 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.**

**Application for Delta Theta Chi National Scholarship**

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

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

3. Primary Telephone 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:** Adjusted gross income of parent(s) of 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: \_\_\_\_\_



**College or University**

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20. List community service 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**

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 2023-2024, and I solemnly affirm that to the best of my ability the information given is correct. 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.

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

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

Primary phone number: (\_\_\_\_) \_\_\_\_\_

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: \_\_\_\_\_