

DELTA THETA CHI SORORITY

ELECTRA PROVINCE SCHOLARSHIP FUND

The Electra Province Scholarship Fund is based on financial need and academic rating. Applicants may be either male or female; however, the applicant must be a relative of a member or a member of any chapter in Electra Province.

PART A. CHAPTER INFORMATION AND AFFILIATION. Please contact your sorority member to complete the following information. **Please print or type.**

Chapter:

Chapter Scholarship Representative:

Address:

CITY

STATE

ZIP

Daytime Telephone (including area code):

Email address:

PART B. APPLICANT INSTRUCTIONS.

1. Please attach the items listed below:

- A transcript is required and may be emailed to dtcepscholarship@gmail.com:
If you have not completed more than 1 year (2 semesters) of post-secondary education, include your high school transcript(s).
or
If you have completed more than 1 year (2 semesters) of post-secondary education, please include transcript(s) from at least the past two years of study.
- At least one letter of recommendation from a non-family member. Recommendations may be emailed to dtcepscholarship@gmail.com.
- A brief description (approximately 500 words) of why you are the best candidate for this scholarship. Include your name at the top of the page. It is recommended to include your course of study and present/intended major. Please add any other pertinent information as to your qualifications that may be of interest to the committee that administers this scholarship.

2. Return the **completed** application to the above listed Chapter Scholarship Representative. **Applications, transcripts, essay, and any additional attachments must be received/postmarked by 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.

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:

Birth Date:

Mailing Address:

CITY

STATE

ZIP

Telephone (including area code):

Email address:

Are you a member of one of the chapters in Electra Province of Delta Theta Chi Sorority?	YES	NO
If YES, which chapter?		

Are you related to a member of one of the chapters in Electra Province of Delta Theta Chi Sorority?	YES	NO
If YES, what is the member's name?		
What is the member's relationship to you?		
What is the member's chapter?		

2. Education Information:

If you are a current high school student or have completed high school but have not completed at least 2 semesters of college, fill out this section. If additional space is needed, please add additional sheets.

Name and address of the HIGH SCHOOL you attended or are now attending:	
What is/was your expected graduation date (MM/YYYY)?	
If you did not graduate, what alternative did you pursue?	
Current Cumulative GPA:	ACT/SAT Score:
College Courses/Dual Credit/Advanced Placement/IB program courses taken while in High School:	
Course Title	Completed/will complete
Did you/Will you receive any certificates or degrees upon completing high school? List below if applicable:	

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Post-Secondary Education:

If you have attended more than 2 semesters of college, please list all schools you have attended.

Name and address of the INSTITUTION you attended or are now attending for: (CIRCLE ONE) UNDERGRADUATE STUDY/ GRADUATE STUDY / TECHNICAL SCHOOL		
What dates did you attend (MM/YYYY)?	From:	To:
Date of anticipated or actual graduation:		
What was degree and major are/were you working on?		
What is your most recent cumulative GPA?		

Name and address of the INSTITUTION you attended or are now attending for: (CIRCLE ONE) UNDERGRADUATE STUDY/ GRADUATE STUDY / TECHNICAL SCHOOL		
What dates did you attend (MM/YYYY)?	From:	To:
Date of anticipated or actual graduation:		
What was degree and major are/were you working on?		
What is your most recent cumulative GPA?		

3. Employment Information

Are you employed?	YES	NO
<i>If YES, please answer the following:</i>		
Occupation / Job Title:		
Telephone (including area code):		
Monthly Net Income:		
Do you plan to work while attending school?	YES	NO

4. Expected Financial Support to be Received

What outside source of financial support do you expect to receive?
Source:
Estimated Amount:
Source:
Estimated Amount:
Source:
Estimated Amount:

5. Dependents

If you have dependents, provide the following information:

Name	Age	Currently attending post-secondary education?

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6. Financial Need

Describe any other factors that influence your financial need (medical, 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 <input type="checkbox"/> UNKNOWN
If yes, please answer the following:
From whom and/or which organization or source:
Estimated amount to be received: \$
State the percentage of present indebtedness, if any.

7. Outside of Classroom (attach additional pages as needed):

Extra-Curricular Activities

Activity	Semesters Active	Positions Held; if applicable	Length of office; if applicable	Summary of duties

Volunteer work

Activity	Location of activity	When was completed	Hours volunteered	Summary of duties

ELECTRA PROVINCE SCHOLARSHIP APPLICATION

Awards/Honors		
Award/Honors received	Date Received	Summary of award

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Name (please print or type):

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 **2021/2022** 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.

Applicant Signature:

Date:

PUBLICITY RELEASE FORM

In consideration of my receiving the Delta Theta Chi Electra Province Scholarship Award, 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 understand that a billfold-sized photograph will be requested if selected as a recipient of the scholarship.

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

Applicant Signature:

Date:

Parent Signature (if minor):

Date: