

DELTA THETA CHI SORORITY

LORETTA CUTLER ELECTRA PROVINCE SCHOLARSHIP

The Loretta Cutler 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 member of any chapter in Electra Province, or must be a relative of a member of any chapter in Electra Province.

PART A. CHAPTER INFORMATION AND AFFILIATION. 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 from the past four years of study mailed directly from your high school and/or your college or university.
 - A billfold-sized photograph of yourself (attached directly to the application).
 - A brief description of your course of study and your present or intended major. (Maximum 1 page typed, single-spaced with double spaces between paragraphs. Include your name at the top left.)
 - Any other pertinent information as to your qualifications that may be of interest to the committee that administers this scholarship. Add separate pages as necessary (if you are not using a word processor to complete this application).
2. Return to the Chapter Scholarship Representative at the above address 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.

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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): _____

Are you a member of one of the chapters in Electra Province of Delta Theta Chi Sorority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, which chapter?		

Are you related to a member of one of the chapters in Electra Province of Delta Theta Chi Sorority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, what is the member's name?		
What is the member's chapter?		
What is the member's relationship to you?		

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. Education Information. List all schools you attended, beginning with high school. If more forms are needed, either copy and paste the tables here or, if you are not completing this on word processing software, add additional sheets of paper.

Name and address of the HIGH SCHOOL you attended or are now attending:		
What dates did you attend (MM/YYYY)?	From:	To:
Did you graduate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, what year?		
If NO, what alternative did you pursue?		

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Name and address of the COLLEGE OR UNIVERSITY you attended or are now attending for UNDERGRADUATE STUDY:		
What dates did you attend (MM/YYYY)?	From:	To:
Did you graduate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, what year?		
If YES, what was your degree and major?		

Name and address of the COLLEGE OR UNIVERSITY you attended or are now attending for GRADUATE STUDY:		
What dates did you attend (MM/YYYY)?	From:	To:
Did you graduate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, what year?		
If YES, what was your degree and major?		

Name and address of the VOCATIONAL OR TECHNICAL SCHOOL you attended or are now attending:		
What dates did you attend (MM/YYYY)?	From:	To:
Did you graduate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, what year?		
If YES, what was your degree/certificate and major?		

4. 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>		

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5. 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
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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 step-parent provide financial support, list the following for your brothers and/or sisters:

Name	Age	School and/or Work Status

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6. 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:				

7. Dependent Children

If you have dependent children, provide the following information:

Name	Age	School and/or Work Status

8. 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.

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9. Please summarize why you feel you need financial assistance:

10. 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?

11. Your Health:

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

12. Additional Remarks:

FINANCIAL DISCLOSURE

Name (please print or type): _____

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 _____