



Delta Theta Chi Sorority

A NATIONAL ORGANIZATION FOR WOMEN

A National Educational Sorority

APPLICATION FOR MARIE MILLER GRAHAM SCHOLARSHIP 2017–2018

*** For Members and Member’s Family Members Only**

Return to: _____

 Sorority Representative

 (Chapter/Province)

 (Street Address)

 (City) (State) (Zip)

 (Email Address)

Chapter: Complete the above before mailing to applicant

*Note: **All applicants must reside in the United States.** All 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 Chair Joyce Miller, jmiljan@aol.com for information on the nearest chapter.*

Applicants for the Marie Miller Graham Scholarship are eligible to apply for the National Memorial Scholarship. Applicants may only be a winner of one scholarship.

***Per DTC Procedure NO. 11 to be eligible for this scholarship you must be a DTC member or a member’s family member. Family members are defined as: A DTC Member’s Parent, Spouse, Children, Step-children, Grandchildren, Step-grandchildren, Great Grandchildren, Step-Great Grandchildren, and Nieces and Nephews of Members.**

To Applicant: Please read carefully, answer all questions, attach the following and return to the above address postmarked BY MARCH 1, 2017.

1. Transcript of grades covering past four (4) years.
2. Summary showing average grade point, SAT and/or ACT test scores.
3. A separate paragraph giving a brief description of courses, intended majors, and reason for furthering your education needs to be attached to the application.
4. Letters of reference from minimum of three people (other than relatives) who know you well.

One \$1,000 Marie Miller Graham Scholarship will be awarded. The winning applicant will be notified in May 2017 and will need to provide a photograph 2.5 X 3.5 or 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. After verifying applicant is eligible to apply, Chapter President will sign on page 6

www.deltathetachi.org

Application for Delta Theta Chi Marie Miller Graham 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: _____
- 6a. Name of Family member who is a DTC Member: _____
7. Father's Name: _____ Living? Yes or No _____
Address: _____
Street City State Zip
Occupation: _____ Employer: _____
8. Mother's Name: _____ Living? Yes or No
Address: _____
Street City State Zip
Occupation: _____ Employer: _____
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 or No
 - a. Where have you applied? _____
 - b. In what field are you seeking a degree or career? _____
12. Have you been accepted? Yes or 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 or No
If yes, from whom, when and amount? _____

(b) Have you applied for or received any student aid toward your graduate work?

Yes or 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? _____ How? _____

17. Have you earned anything by your own efforts during the last four years? _____

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

College or University

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

20. List hobbies and other interests:

ADDITIONAL INFORMATION / REMARKS:

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	(B) Preceding Year Is requested
Scholarship(s) applied for:	_____	_____
Scholarship(s) received:	_____	_____
Estimated Income:		
Loan(s)	_____	_____
Student Earnings, summer	_____	_____
Student Earnings, academic year	_____	_____
Other Income:		
Funds from parents	_____	_____
Funds 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 2017-2018, 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 one Marie Miller Graham Scholarship will be awarded.

Date: _____ Signature: _____

Email address: _____

RELEASE

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: _____

Verification of Eligibility by Chapter

The Chapter President will to the best of their knowledge verify that the applicant is eligible.

Verification of member only status _____
Signature of Chapter President

Chapter: _____ Date: _____

Mailed completed application to:
Joyce Miller
National Scholarship Chair
538 W. West Ave.
Fullerton, CA 92832-2119
714-525-7412
jmiljan@aol.com