

Delta Theta Chi Sorority

Alcyone Province

Annual Scholarship Application

Applicant Name _____ Phone Number (____) _____

Address _____

Are you a member of Delta Theta Chi Sorority, Alcyone Province? If no, please explain the relationship to the member _____

Name of college you will be attending _____

What is your major? _____ minor? _____

What other financial means do you plan to use to pay for college?

Are you currently working? Where? Are you planning on working while going to school?

Explain any extenuating circumstances surrounding your financial need.

List all other scholarships and amounts awarded _____

What are your extracurricular activities? _____

Items to include with this application:

Transcript of high school or college work completed.

One or two letters of recommendation.

A picture would be appreciated.

Any other information that you feel would be beneficial in the decision making process.

Applicant Signature _____ Date _____

Completed application is due to committee chair on, or before, March 1, 2020