



THE DELTA CHI
EDUCATIONAL FOUNDATION

**HIGH SCHOOL SENIOR
SCHOLARSHIP APPLICATION**

Deadline: May 1

PART 1

Full Legal Name: _____

Home Address: _____

City: _____ Zip: _____

Phone #: (____) _____ E-mail: _____

Social Security Number: _____ Birth date ____/____/____
Month Day Year

Father's Name: _____ Age (if living) _____

Mother's Name: _____ Age (if living) _____

Name of High School: _____

H.S. Address: _____

H.S. Phone: _____ Your Counselor's Name: _____

Graduation Date: _____ Current Grade Point Average: _____

SAT Scores: _____ ACT Scores: _____ Class Rank ____ out of ____

High School Honors or Awards (please list):

High School Extracurricular Activities (please list):

Community Involvement/Activities (please list):

Name of College/University you will be attending: _____

Anticipated degree (if known): _____

PART II

Work Experience:

1. Employer: _____
Dates of employment: _____ Hours/week: _____
Duties: _____

2. Employer: _____
Dates of employment: _____ Hours/week: _____
Duties: _____

3. Employer: _____
Dates of employment: _____ Hours/week: _____
Duties: _____

PART III

Financial Information:

1. Complete this section if you are a DEPENDENT (i.e., if you are declared as a tax exemption by a parent or a guardian)

Name and address of parent or guardian:

Name: _____

Address: _____

Relationship: _____

Number of dependents in household: _____

Household gross income \$ _____/ year.

Total support received from parent/guardian: \$ _____

2- Complete this section if you are financially INDEPENDENT

Marital Status: _____

Number of dependents claimed on income tax: _____

Spouse's gross income \$ _____/year.

3- Estimated income for the NEXT academic year

- a. Personal anticipated earnings \$ _____
- b. Parent's/Guardian's contribution: \$ _____
- c. Spouse's contribution: \$ _____
- d. Scholarship stipends and awards: \$ _____
- e. Loans, grants, state or federal programs: \$ _____
- Total income \$ _____

4- Anticipated expenses for NEXT academic year:

- a. Tuition and feeds: \$ _____
- b. Room and Board: \$ _____
- c. Books and Supplies: \$ _____
- d. Other (be specific) \$ _____
- \$ _____
- \$ _____
- Total Expenses: \$ _____

PART IV Personal Statement

Please attach a statement of 250 words or less, stating your career goals and the single most important character trait you feel you exhibit. Please utilize a specific personal example which demonstrates this character trait and explain how it will help you reach your career goals. Your statement should be typed and personally signed.

PART V Affidavit

I hereby certify that I am a male high school student who has been accepted to _____ University/College beginning Fall term 20__.

I certify that this application contains no misrepresentations or falsification, and that the information given by me is true and correct to the best of my knowledge. I understand that any false statements made herein will void this application and I will be ineligible for financial support from the Delta Chi Educational Foundation. I understand that based on the information I have provided, the local chapter of The Delta Chi Fraternity, Inc. may contact me regarding possible membership in Delta Chi, but that I am under no obligation to join the Delta Chi Fraternity. I understand that this application becomes the property of the Delta Chi Educational Foundation.

Applicant's Signature

Date

Applicant's Name Printed

Witness Signature

Date

Witness Name Printed

PART V References

Please provide a minimum of three reference letters including someone from school (Guidance counselor, teacher, principal, etc.), and someone from your community (minister, civic leader, etc.). Reference letters should address your commitment to academic excellence, work ethic, and sense of values. Please provide the following information regarding the people submitting the reference letters.

1- Name: _____
Address: _____

Phone: _____ E-Mail: _____
Relationship: _____

2- Name: _____
Address: _____

Phone: _____ E-Mail: _____
Relationship: _____

3- Name: _____
Address: _____

Phone: _____ E-Mail: _____
Relationship: _____

4- Name: _____
Address: _____

Phone: _____ E-Mail: _____
Relationship: _____

PART VII

Name of local newspaper: _____

Address: _____, Zip _____

Phone: (____) _____ E-Mail: _____

Submit completed application by May 1 to: **Delta Chi Educational Foundation**
PO BOX 383
Columbus, IN 47202