



The Delta Chi Educational Foundation

Senior Recognition Award Application

Full Legal Name _____

Chapter _____ University _____

Chapter Address _____ City _____

(Please enter the campus address of the Chapter "A" if you do not have a Chapter House)

State _____ Zip Code _____ Student Phone () _____ - _____

Initiation Date _____ Expected Graduation Date _____ Current G.P.A. _____

Email Address _____ Cell Phone () _____ - _____

Name of Parent(s)/Guardian(s) _____

Address _____ Phone () _____ - _____

City _____ State _____ Zip Code _____

Chapter Offices Held _____

Campus Leadership Activities _____

Name and Address of Hometown Newspaper _____

Email _____

1. Applicant must have a 3.0 (on a 4.0 scale) or better cumulative G.P.A going into their final term. Verifying evidence (ie. transcript) must accompany application.
2. You must attach a head and shoulders photo of yourself that is suitable for publication to be eligible.

Attested to _____ Date _____
signature of Chapter "A"

Attested to _____ Date _____
signature of Chapter "BB"

send completed applications and required materials to:

The Delta Chi Educational Foundation
P.O. Box 383
Columbus, IN 47202

completed applications must be submitted 20 days before graduation