



THE DELTA CHI EDUCATIONAL FOUNDATION

UIFI/Futures Quest SCHOLARSHIP APPLICATION

Send the completed application to:
The Delta Chi Educational Foundation
P. O. Box 383
Columbus, IN 47202

Name: _____ Chapter: _____

Address: _____ Phone: () _____ - _____

City: _____ State: _____ Zip Code: _____

Initiation Date: _____ Expected Graduation Date: _____ Current GPA: _____

Email Address: _____ Cell Phone: () _____ - _____

Name of Parent/Guardian: _____

Address: _____ Phone: () _____ - _____

City: _____ State: _____ Zip Code: _____

Chapter Offices Held: _____

Campus Leadership Activities: _____

Name and Address of Hometown Newspaper: _____

1. Please attach your one page or less statement as to what you believe you will gain and how you would use the training and skills to benefit your chapter and campus.
2. Please attach any letters of recommendation you desire to submit from your "BB", ABT President, Regent and/or Greek Advisor.
3. You must attach a head/shoulder photo suitable for publication to be eligible.

Your Signature: _____ Date: _____