



Delta Chi Educational Foundation

P.O. Box 383  
Columbus, IN  
Toll Free: 866-214-8114

THE DELTA CHI  
EDUCATIONAL FOUNDATION

**WASHBURN SCHOLARSHIP  
APPLICATION – Region IX**

**PART 1**

**Deadline: February 28, 2008**

Full Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Chapter: \_\_\_\_\_ Initiation Date: \_\_\_\_\_

College Mailing Address (Spring Semester): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Overall GPA: \_\_\_\_\_ (Please attach copy of latest grade report as verification of GPA.)

Expected Graduation Date: \_\_\_\_\_ Degree / Major: \_\_\_\_\_

Chapter Offices / Positions Held (include dates held):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

College Extracurricular Activities (please list):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Involvement / Activities (please list):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART II** Work Experience:

1. Employer: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_ Hours / week: \_\_\_\_\_  
Duties: \_\_\_\_\_
  
2. Employer: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_ Hours / week: \_\_\_\_\_  
Duties: \_\_\_\_\_

**PART III** Financial Information:

1 – Anticipated expenses for NEXT academic year:

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

2 – Indicate percent of total expenses paid by each (must total 100%)

- Parents: \_\_\_\_\_
- Personal Savings: \_\_\_\_\_
- Work: \_\_\_\_\_
- Scholarships: \_\_\_\_\_
- Loans: \_\_\_\_\_
- Other (identify): \_\_\_\_\_

**PART IV** Personal Statement

Please attach a statement of 500 words or less, stating how your membership in the Delta Chi Fraternity has benefited you and how your membership has benefited Delta Chi. Please use specific examples. Your statement should be typed and personally signed.

**PART V** Affidavit

I hereby certify that I am a student member of the \_\_\_\_\_ Chapter/Colony of Delta Chi Fraternity in good standing with my chapter/colony. 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 a scholarship from the Delta Chi Educational Foundation. 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

**Submit Completed Application to:**

**Miles Washburn  
Attn: Scholarship Application – Region IX  
443 Shawcroft Rd.  
Fayetteville, NC 28311**