

DELTA THETA TAU SORORITY, INC.

EDUCATIONAL GRANTS
FOR
SPECIALIZED TRAINING IN GUIDANCE AND COUNSELING

_____ Summer Session _____ Academic Year
Year Year

1. This Educational Grant is sponsored by Delta Theta Tau Sorority, Inc. and may be used only in the specific field of Guidance and Counseling.
2. Applicants must be accepted at the college Graduate level, working either for the Masters, PhD. or other degree.
3. Recipients of Educational Grants are selected by Delta Theta Tau Sorority, Inc.
4. Grants are awarded on the basis of scholastic achievement, financial need, and personal qualifications. It is necessary to complete all information concerning each applicant's income and the manner in which the applicant expects to meet college expenses. All requested information **MUST** accompany completed application.
5. Educational Grants are disbursed by the Delta Theta Tau Sorority, Inc. to the college or university selected by applicant. They are granted on current college expenses, not for previously incurred expenses or living expenses.
6. Each applicant shall maintain a level of grades that will permit him/her to remain in good standing at all times.
7. A Grant may be revoked by Delta Theta Tau Sorority, Inc. upon review of all the facts pertinent to the administration of the Grant. Such review will take into consideration the recipients activities, grades, conduct, etc.
8. Applications must be postmarked by DECEMBER 10th in order that the Philanthropy Committee may have sufficient time to make their selections, notify applicants of the action taken, and arrange for the disbursement of the funds well in advance of the Summer Session or the Fall Semester of the academic year for which the application is made. The forms should be completed and returned immediately so they can be processed!
9. RETURN FORMS TO: DELTA THETA TAU SORORITY, INC.
Chairman, Philanthropy Committee
1305 E. Tulip Rd.
Bloomfield, IN 47242-6569

APPLICANT SHOULD RETAIN THIS PAGE FOR REFERENCE.

18. Explain fully your need for a Grant and state any unusual circumstances which you feel Delta Theta Tau Sorority, Inc. should consider in evaluation of your application.
19. Why have you chosen the particular field of Guidance and Counseling, and what are your long term goals?
20. Please furnish the names and addresses (including zip code) for four (4) persons from whom you shall secure written references. These should give information as to your qualifications for this Grant. Two (2) of these to be college educators.

THESE REFERENCES ARE TO BE RETURNED WITH THIS APPLICATION.

- A.
B.
C.
D.

21. Please furnish a TRANSCRIPT of your credits.

22. From whom did you receive this application?

Name: _____ Chapter: _____
Province: _____ City: _____

FINANCIAL INFORMATION:

1. Are you employed? ___Yes ___No Your annual income \$_____ (gross)

If married, does your spouse work? ___Yes ___No

Spouse's occupation _____ Spouse's annual income \$_____

2. Will you be employed during the period of the Grant? ___Yes ___No

If so, approximate annual income for this period \$ _____ (gross)

3. Do you have other scholarships granted for this period: ___Yes ___No

4. If you are enrolled in college, have you borrowed from the college loan funds?
___Yes ___No

If yes, what amount do you now owe? _____

5. Please include a copy of:

- your most recent W-2 forms (including spouse)
- 1099 Forms
- Income Tax Return
- Tuition Fee Schedule

ESTIMATED BUDGET FOR 20__ SUMMER SESSION:

ESTIMATED INCOME

ESTIMATED EXPENSES

Prospective earnings \$ _____

University Fees (Tuition) \$ _____

Savings to be used _____

Books and Supplies _____

Scholarships or Benefits _____

*Room and Board _____

Aid from Parents and/of Spouse _____

Other expenses (Itemize) _____

Other sources (itemize) _____

Total: \$ _____

Total: \$ _____

Amount needed to balance budget: \$ _____

(difference between Income and Expenses)

*If budget includes Room and Board, is housing under the jurisdiction of school? ___Yes ___No

If no, where? _____

6. ESTIMATED BUDGET FOR 20__ -20__ ACADEMIC YEAR

ESTIMATED INCOME

ESTIMATED EXPENSES

Prospective earnings \$ _____

University Fees (Tuition) \$ _____

Savings to be used _____

Books and Supplies _____

Scholarships or Benefits _____

*Room and Board _____

Aid from Parents and/of Spouse _____

Other expenses (Itemize) _____

Other sources (itemize) _____

Total: \$ _____

Total: \$ _____

Amount needed to balance budget: \$ _____

(difference between Income and Expenses)

*If budget includes Room and Board, is housing under the jurisdiction of school? ___Yes ___No

If no, where? _____

NOTE: Additional information you may wish the sorority to know may be presented in letter form and should accompany this application. Please check to be sure all requested information has been provided with attached references. This is most important in evaluating your application. PLEASE OBSERVE POSTMARK DEADLINE DATE OF DECEMBER 10TH FOR FILING

Date _____

Signature of Applicant

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