Delta Theta Chi Sorority

A NATIONAL ORGANIZATION FOR WOMEN

A National Educational Sorority

APPLICATION FOR NATIONAL SCHOLARSHIP
For Academic Year 2027-2028

Return to:_____
(Name)

_____
(Chapter) (Province)

_____
(Street Address)

_____
(City) (State) (Zip)

_____
(Email Address)

Chapter: Complete the information above before mailing to applicant

Note: ***All applicants must currently reside in the United State or a Territory of the United States****. Applications must be submitted through a local Delta Theta Chi chapter.* ***If you do not know of a chapter in your area, please contact the National Scholarship Chairman, Deb Hood (dtc.cp.trustee@gmail.com) for information on the nearest chapter. Please allow 24 hours for response.***

To Applicant: Please read carefully, answer all questions, attach the following and return to the above address postmarked BY FEBRUARY 1, 2027.

1. Transcript of grades covering past four (4) years or through High School.
2. If High School Student or freshman in College: an official documentation showing average grade point, SAT and/or ACT test scores. Test scores not required for College Sophomores and above.
3. A separate paragraph giving a brief description of courses, intended major, and reason for furthering your education needs to be attached to the application.
4. Only applications sent via mail will be accepted. **No email applications will be accepted.**
5. Letter of reference from minimum of one (1) person (other than relative) who knows you well
6. Scholarships must be accepted in the year they are awarded and cannot be delayed.

Four $1,600 National Scholarships will be awarded. The winning applicants will be notified May 2027 and will need to provide a photograph 2.5 X 3.5 of billfold size for publication. If you desire the return of your application in the event you are not selected, please enclose a stamped, self-addressed envelope.

NOTE: Incomplete applications will not be considered. Please type or write neatly.

www.deltathetachi.org

Application for Delta Theta Chi National Scholarship

1. Applicant Name: _____

2. Home Address: _____
Street City State Zip

3. Primary Telephone Number: (_____)_____

4. Primary Email Address:_____

5. Name of School Currently Attending: _____

6. School Address: _____
Street City State Zip

7. Date of Birth: _____ Place of Birth: _____

If you are a dependent of your parent's or anyone's income tax returns please complete the following.

8. Father's Name: _____ Living? Yes ☐ No ☐

   Address: _____ Employer: _____
   Street City State Zip

   Occupation: _____

9. Mother's Name: _____ Living? Yes ☐ No ☐

   Address: _____ Employer: _____
   Street City State Zip

   Occupation: _____

10. IMPORTANT: Adjusted gross income of parent(s) of previous year $_____
(IRS 1040, line 37 or IRS 1040A, line 21)

11. Give the names and ages of your brothers and sisters. Are any siblings attending college or university?

_____

_____

12. If you are not reported on anyone else's income tax return, please answer the following:

IMPORTANT Adjusted gross income of yours of previous year: $_____
(IRS 1040, line 37 or IRS 1040A, line 21)

13. Have you applied for admission to college or university? Yes ☐ No ☐

   a. Where have you applied: _____

   b. In what field are you seeking a degree or career? _____

14. Have you been accepted? Yes ☐ No ☐ If accepted, which college or university?

_____

15. State your class if you are now in college or university: _____

16. Name of college or university chosen or now attending: _____

    a. Name of college or university currently receiving dual credits: _____

17. (a) Have you applied for or received any student aid toward your college or university education?
    Yes ☐ No ☐ If yes, from whom, when and amount? _____

    (b) Have you applied for or received any student aid toward your graduate work? Yes ☐ No ☐

    If yes, from whom, when and amount? _____

    (c) State in full your present indebtedness, if any: _____

18. Do you expect to earn money while at school? Yes ☐ No ☐ How? _____

19. Have you earned anything by your own efforts during the last four years? Yes ☐ No ☐

    a. List Jobs and Earnings: _____

20. Education:

    High School**:** _____

    College/University**:** _____

    Graduate School: _____

21. List extracurricular activities, offices held and length (months/years) of involvement:

High School

_____

_____

_____

_____

_____

_____

College or University

22. List community service activities and offices held outside of high school, college or university:

23. List hobbies and other interests:

ADDITIONAL INFORMATION / REMARKS:

For submittal to:

DELTA THETA CHI SORORITY – National Scholarship Committee

In consideration of my academic record and the facts set forth in this application, I respectfully petition that a scholarship be awarded to me for the academic year 2027-2028, and I solemnly affirm that to the best of my ability the information given is correct. If an award is made to me and I am not accepted by the college or university named, or if I do not attend school for the date specified, or I receive a full Scholarship from another source, the granting of this scholarship will be void.

Date: _____ Signature: _____

Email address: _____

Primary phone number: (_____) _____

RELEASE

In consideration of my receiving one of the Delta Theta Chi National Scholarships awards, I hereby give my consent to the use of my name, city and state of residence, photograph, and information about my qualifications and my plans for the future for publicity purposes.

I hereby release Delta Theta Chi National Sorority, any of its Provinces or Chapters from all claims of any kind on account of such use.

Applicant Signature:_____

Parent Signature (if minor):_____

Date:_____