Delta Theta Chi Sorority

A NATIONAL ORGANIZATION FOR WOMEN

www.deltathetachi.org

A National Educational Sorority
Application For Marie Miller Graham/Sue Drelinger Memorial Scholarship For Academic Year 2027-2028
* For Members and Member's Family Members Only

Return to: _____
Chapter Representative

_____
(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 States or a Territory of the United States.** All applications must be submitted through a local Delta Theta Chi chapter and be signed by the chapter president to verify eligibility.*

Applicants for the Marie Miller Graham/Sue Drelinger Memorial Scholarship are also eligible to apply for the Delta Theta Chi National Scholarship. Applicants may only be a winner of one scholarship.

****Per DTC Procedure NO. 11 to be eligible for this scholarship you must be a DTC member or a member's family member. Family members are defined as: A DTC Member's Parent, Spouse, Children, Stepchildren, Grandchildren, Step-grandchildren, Great Grandchildren, Step-Great Grandchildren, and Nieces and Nephews of Members.***

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

1. Transcript of grades covering past four (4) years or through High School.
2. If high school student or freshman in college/university: an official documentation showing average grade point average, 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 majors, 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.

One $1000 Marie Miller Graham Memorial Scholarship and one $500 Sue Drelinger Memorial Scholarship will be awarded. The winning applicant will be notified in May 2027 and will need to provide a photograph 2.5 X 3.5 or 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.

After verifying applicant is eligible to apply, Chapter President will sign on pg. 5.

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

Application for Delta Theta Chi Marie Miller Graham Memorial 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: _____

8. Name of Family member who is a DTC Member: _____

If you are a dependent on your parent's or anyone's income tax returns please complete the following**:**

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

   Address: _____
   Street City State Zip

   Employer: _____ Occupation: _____

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

    Address: _____
    Street City State Zip

    Employer: _____ Occupation: _____

11. **IMPORTANT:** Parent(s) adjusted gross income for previous year $_____
    (IRS 1040, line 37 or IRS 1040A, line 21)

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

    _____

    _____

13. **IMPORTANT:** If you are not reported on anyone else's income taxes, please answer the following:

    Adjusted gross income for previous year $_____
    (IRS 1040, line 37 or IRS 1040A, line 21)

14. 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? _____

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

_____

_____

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

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

Name of college currently receiving dual credits: _____

18. (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 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: _____

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

_____

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

a. List Jobs and Earnings: _____

21. EDUCATION:

High School _____

College/University _____

Graduate School _____

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

<u>High School:</u>

_____

_____

_____

_____

_____

_____

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

College or University:

_____

_____

_____

_____

_____

_____

23. List extracurricular activities and offices held outside of high school/college/university:

_____

_____

_____

_____

_____

24. 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. When I resume my schoolwork, I will file a new application.

Date: _____ Signature: _____

Email address: _____

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 the 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: _____

Verification of Eligibility by Chapter

The Chapter President will, to the best of their knowledge, verify that the applicant is eligible.

Verification of member only status _____
Signature of Chapter President

Chapter: _____ Date: _____

Completed application must be postmarked and sent by Chapter President by March 15, 2027

Mail to:

Deb Hood
National Scholarship Chairman
PO Box 1021
Monticello, IN 47960
dtc.cp.trustee@gmail.com