

DELTA THETA TAU SORORITY INC.
EDUCATIONAL GRANTS
FOR SPECIALIZED TRAINING

_____ 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 Counseling.
2. Applicants must be accepted at the college or university 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. **APPLICATION MUST BE COMPLETED AND ALL REQUESTED INFORMATION MUST ACCOMPANY THE 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 or sent via email by midnight Eastern Standard Time* on **December 10th** in order for the Philanthropy Committee to 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.

9. RETURN FORMS & COMPLETED PAPERWORK via US Mail to:

DELTA THETA TAU SORORITY, INC.
Chairman, Philanthropy Committee
500 S. Colfax Street
Martinsville, IN 46151-2309

OR

RETURN FORMS & COMPLETED PAPERWORK via EMAIL to: elizabethwallisdtt@gmail.com

APPLICANT SHOULD RETAIN THIS PAGE FOR REFERENCE.

DELTA THETA TAU SORORITY INC.
APPLICATION
EDUCATIONAL GRANT FOR SPECIALIZED TRAINING IN COUNSELING

PLEASE TYPE
PERSONAL INFORMATION

DATE: _____
SOCIAL SECURITY: _____
First time applicant _____ Renewal Application _____

1. Name: _____
Last First Middle (Maiden) Age Sex (F/M)
 2. Mailing Address: _____
Address City State Zip
Phone _____
 3. Home Address: _____
Address City State Zip
Phone _____
 4. College/University: _____
Name Address
City State Zip
Phone _____
 5. Undergraduate Degree held at: College/University attended: _____
a) Major _____
b) Minor _____
 6. What term do you expect to start your advanced degree? _____ Finish _____
Have you received notice of acceptance? _____ Yes _____ No
Will you be attending school: _____ Part Time _____ Full Time
What is your grade average (GPA) _____ Last Semester? _____
 7. Are you a member of Delta Theta Tau Sorority? _____ Yes _____ No
Type of Membership - _____ Chapter Name - _____
Is someone in your family a member of Delta Theta Tau Sorority? _____ Yes _____ No
Name - _____ Type of Membership - _____ Chapter Name - _____
 8. Marital Status - _____ Married _____ Single
 9. Number of children _____ Ages of Children _____
- COMPLETE ITEMS 10 – 12 IF SINGLE/LIVING AT HOME)
10. Occupation of Father/Guardian - _____
 11. Occupation of Mother/Guardian - _____
 12. Number of Children in family (excluding yourself) _____

13. How many are dependent on parent for support (excluding yourself) _____

Please attach additional pages for Question 14, 15, and 16 if needed.

14. Extra-curricular activities (i.e.: student government, social, sports, non-school community activities, including offices held, special honors, recognition, etc.).

15. 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.

16. In 1-2 paragraphs, explain why you have chosen the field of Counseling and what are your long term goals.

17. Please furnish the names and addresses of four (4) personal references. These references must each write a letter which shows how your qualifications meet this grant. Two (2) of these references MUST be college educators. **ALL THESE REFERENCE LETTERS MUST BE RETURNED WITH THIS APPLICATION.**

A. Name: _____

Last First

Address City State Zip

Phone

B. Name: _____

Last First

Address City State Zip

Phone

C. Name: _____

Last First

Address City State Zip

Phone

D. Name: _____

Last First

Address City State Zip

Phone

18. Please attach a **TRANSCRIPT** of your credits, if you have earned college credits.

19. From whom did you receive this application?

Name: _____ Chapter: _____

Province: _____ City: _____

or Online: _____ Yes _____ No

FINANCIAL INFORMATON:

1. Are you employed? _____ Yes _____ No Your annual income \$ _____ (Gross income)

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 Income)
3. Have you accepted any other scholarships or grants for this period? Yes No
4. If you are enrolled in college/university, do you have any student loans? Yes No
 If yes, what amount do you now owe? \$ _____
5. Please include a copy of:
- a. _____ Your most recent W-2 Forms (including spouse)
 - b. _____ 1099 Forms
 - c. _____ Income Tax Return (most recent)
 - d. _____ Tuition Fee Schedule for the term(s) you are requesting grant monies for

ESTIMATED BUDGET FOR 20 _____ SUMMER SESSION

| <u>ESTIMATED INCOME</u> | | <u>ESTIMATED EXPENSES</u> | |
|--------------------------------|----------|---------------------------|----------|
| Prospective earnings | \$ _____ | University Fees (Tuition) | \$ _____ |
| Savings to be used | \$ _____ | Books and Supplies | \$ _____ |
| Scholarships of Benefits | \$ _____ | *Room and Board | \$ _____ |
| Aid from Parents and/or 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 the school? Yes No

If no, where will you live? _____

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

| <u>ESTIMATED INCOME</u> | | <u>ESTIMATED EXPENSES</u> | |
|--------------------------------|----------|---------------------------|----------|
| Prospective earnings | \$ _____ | University Fees (Tuition) | \$ _____ |
| Savings to be used | \$ _____ | Books and Supplies | \$ _____ |
| Scholarships of Benefits | \$ _____ | *Room and Board | \$ _____ |
| Aid from Parents and/or Spouse | \$ _____ | Other expenses (Itemize) | \$ _____ |
| Other sources (itemized) | \$ _____ | | |
| Total: | \$ _____ | Total: | \$ _____ |

Amount needed to balance budget. \$ _____

(Difference between Income and Expenses)

*if budget includes Room and Board, is housing under the jurisdiction of the school? _____ Yes _____ No

If no where will you reside: _____

NOTE: Before submitting your completed application, please check to be sure all the requested information has been provided including all the references. PLEASE OBSERVE POSTMARK/EMAIL DEADLINE OF MIDNIGHT EASTERN STANDARD TIME on **DECEMBER 10th**.

Date: _____ Signature of Applicant: _____

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Grant Application Checklist:

- Application must be postmarked/mailed by midnight Eastern Standard Time on **December 10th**
- Provide names & letters of four references, see page 5, #17 for more information
- Include a Transcript of your credits, if earned
- Include the following:
 - Your most recent W-2 Form (including spouse)
 - 1099 Form
 - Income Tax Return (most recent)
 - Tuition Fee Schedule for the term(s) you are requesting grant monies