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 <u>must be postmarked or sent via email by midnight Eastern Standard Time</u> on **December 10**th 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. $APPLICATION \\ EDUCATIONAL GRANT FOR SPECALIZED TRAINING IN COUNSELING \\$

PERSONAL INFORMATION				SOCIAL SECURITY: STUDENT ID NUMBER: EMAIL ADDRESS: First time applicant Renewal Application				
1.	NameLast	First	Mi	ddle (Maiden)	Ag	e	Sex (F/I	M)
2.	Mailing Address:							_
		Address	City		State		Zip	
3.	Home Address	Phone						
		Address	City		State		Zip	
		Phone						Address
4.	College/University:	Name						Address
		City	State	-		_ Zip		
		City						
		Phone						
6. Ha Wi Wi 7.	What term do you enve you received notically you be attending so that is your grade averaged Are you a member. Type of Membersh Is someone in your Name - Marital Status -	b) Minor xpect to start your advanced degree of acceptance? Yes Yes Last Semest of Delta Theta Tau Sorority? ip - Chapter Name - family a member of Delta Theta	ee? No _ Full Time ter? Yes Tau Sorority mbership		Finish	_		
		IS 10 - 12 IF SINGLE/LIV						
10.	. Occupation of Fathe	er/Guardian						_
11.	. Occupation of Moth	ner/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
C. Names	Phone	_		
C. Name:	Last	First		
	Address	City	State	Zip
	Phone			
D. Name:	Last	First		
	Address	City	State	Zip
	Phone	<u> </u>		
	TRANSCRIPT of your credited you receive this application?	s, if you have earned college cred	dits.	
Name:		Chapter:		
Province:		City:		
or Online:	Yes No			
FINANCIAL IN	NFORMATON:			
1. Are you emp	loyed? Yes N	Vour annual income \$	(Gross income)	
If married do	es your spouse work?Y	Yes No		
Spouse's occ	upation:		Spouse's annual incom	e \$

2.	Will you be employe	ed during the period of	he Grant? Yes	No	
	If so, approximate ar	nnual income for this pe	riod \$(0	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:				
	c	_ 1099 Forms (to submi _ Income Tax Return (n	if you are self-employ ost recent)	requesting grant monies for	employee)
	TED BUDGET FOR ESTIMATED INCOM	20 SUMMER SES	ION	ESTIMATED EXPEN	SES
			Unive	rsity Fees (Tuition) \$	
Savings t	o be used \$				
Scholarsh	nips of Benefits \$		*Roon	n and Board \$	
Aid from Spouse	Parents and/or \$		Other	expenses (Itemize) \$	
-					
Tota	d: \$			Total: \$	
(Differen *if budge	ce between Income are tincludes Room and I	get. \$ nd Expenses) Board, is housing under	the jurisdiction of the	school? Yes	_ No
6. EST	ΓΙΜΑΤΕD BUGET F <u>ESTIMATEI</u>	OR 20 20 O INCOME	ACADEMIC YE		D EXPENSES
	Prospective earnings	\$		University Fees (Tuitio	n) \$
	Savings to be used	\$		Books and Supplies	\$
	Scholarships of Bene	efits \$		*Room and Board	\$
	Aid from Parents and Spouse	d/or \$		Other expenses (Itemiz	e) \$
	Other sources (itemiz	zed) \$			
	Total:	\$		Total:	\$

Amount needed to balance budget. \$	
(Difference between Income and Expenses)	
*if budget includes Room and Board, is housing under the jurisdic	ction of the school? Yes No
If no where will you reside:	
NOTE: Before submitting your completed application, please check to including all the references. PLEASE OBSERVE POSTMARK/EMASTANDARD TIME on DECEMBER 10 th.	
Date:Signature of Applicant:	
RETURN FORMS & COMPLETED PAPERWORK via US Mail to:	DELTA THETA TAU SORORITY, INC.
	Chairman, Philanthropy Committee
	500 S. Colfax Street
OR	Martinsville, IN 46151-2309

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Grant Application Checklist:

- P Application must be postmarked/emailed by midnight Eastern Standard Time on $December\ 10^{th}$
- P Provide names & letters of four references, see page 5, #17 for more information
- P Include a Transcript of your credits, if earned
- P Include the following:
 - ③ Your most recent W-2 Form (including spouse) (to submit if you are an employee)
 - ③ 1099 Form (to submit if you are self-employed or a contract worker)
 - (S) Income Tax Return (most recent)
 - © Tuition Fee Schedule for the term(s) you are requesting grant monies