



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

PLEASE TYPE  
PERSONAL INFORMATION

DATE: \_\_\_\_\_  
SOCIAL SECURITY: \_\_\_\_\_  
STUDENT ID NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
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: \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Zip \_\_\_\_\_  
City State \_\_\_\_\_  
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.



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) (to submit if you are an employee)
- b.  1099 Forms (to submit if you are self-employed or a contract worker)
- 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

ESTIMATED INCOME

ESTIMATED EXPENSES

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 BUGET FOR 20\_\_\_\_ - 20\_\_\_\_ ACADEMIC YEAR

ESTIMATED INCOME

ESTIMATED EXPENSES

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 10<sup>th</sup>**.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

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](mailto:elizabethwallisdtt@gmail.com)

**Grant Application Checklist:**

- P Application must be postmarked/mailed by midnight Eastern Standard Time on **December 10<sup>th</sup>**
- 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:
  - 🕒 Your most recent W-2 Form (including spouse) (to submit if you are an employee)
  - 🕒 1099 Form (to submit if you are self-employed or a contract worker)
  - 🕒 Income Tax Return (most recent)
  - 🕒 Tuition Fee Schedule for the term(s) you are requesting grant monies