## HOUSTON ASSEMBLY OF DELPHIAN CHAPTERS SCHOLARSHIP FOUNDATION FUND '

## FOUNDATION SCHOLARSHIP APPLICATION '

Application Deadline: March 1								
Application for Acade	mic Year beginning:	FALL	Campus:	UH	UHD			
					(Check one)			
<u>Please note</u> : The Houston Assembly of Delphian Chapters Scholarship Foundation Fund Scholarships are offered to any qualifying undergraduate female students who are U.S. citizens matriculating at either the University of Houston or the University of Houston-Downtown for the sophomore, junior or senior year. Selection for a Delphian Foundation Scholarship is based on these factors: Scholarship, Merit, Character and Financial Need as determined by the Delphian Scholarship Committee.								
Student Information:		UH / UHD Student ID Number:						
Name:								
Last		First		Middl	e			
Address:								
Number	Street	Ap		Apart	Apartment Number			
City	County		State		Zip Code			
Contact Information:								
<u>-</u>	Home Phone	Cell Phone		E-mail	Address			
Date of Birth:	Place of B	irth:			Age:			
U.S. Citizen: YES NO (Circle one) Are you a legal, permanent resident? YES NO (Circle one)								
Occupation:	•			•				
<b>Gender:</b> Female (Circle C	Male <b>Marita</b>	<b>l Status:</b> Single			o. of Dependents			
spouse's Name: Spouse's Occupation:								
Spouse's Name.		spouse s	occupation.	·				
Academic History:  Number of college semester credit hours you will have completed at the end of current academic year:  College Classification at the beginning (Fall) of the next academic year: (check one)  Freshman Sophomore Junior Senior								
Major Field of Study Expected Graduation Date								
Semesters Needed to Graduate ( <b>not</b> counting current Spring or any summer semesters)								
Cumulative GPA for all schools attended (A = 4.0, B = 3.0, C = 2.0, D = 1.0)								
College semester credit hours earned: at UH/UHD at other institutions								
College semesters completed: at UH/UHD at other institutions								

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## **FOUNDATION SCHOLARSHIP APPLICATION (continued)**

Parents' Information	ı (if applicable):			
Name:				
Last		First	Middle	!
Address:				
Number	Street		Apartm	nent Number
City	County		State	Zip Code
Contact Information				
Contact information	Home Phone	Cell Phone	E-mail A	Address
	must have completed y			ear. ur FAFSA results, which you
may download at www		(6/ 111)		,
•			-	re email delivery to Delphian n to all other Universities or
	– May be submitted in	any format:		
Work Commitments Family Commitments				
Special Awards and Ho	nors			
Career Objectives Outside Activities and	Hohhies			
I understand that the Scholarship Foundatio understand that this a Delphian Chapters (HA	Houston Assembly of D n Fund, at their sole dis pplication is in no way	scretion, have the ri an offer of a scholar ssembly of Delphia	ght to approve, offer rship. I hold harmless n Chapters Scholarsh	mbly of Delphian Chapters r and fund the scholarships. I s the Houston Assembly of aip Foundation Fund (HADCSFF
information concernin Assembly of Delphian	g my records at the Uni Chapters Scholarship Fo	iversity of Houston o oundation Fund nec	or University of Hous essary for the admin	orrect. I agree to release any ton-Downtown to the Houston istration of the scholarship tification and/or for publicity
Date of Application:		Signature of A	Applicant:	
Mail application to	Delphian Scholarshi	n Applications	F-mail: scholars	hin@houstondelphians org

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Web site: www.houstondelphians.org

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