

**UNIVERSITY OF HOUSTON AND UNIVERSITY OF HOUSTON-DOWNTOWN
DELPHIAN SCHOLARSHIP APPLICATION**

Application Deadline: March 1

Application for Academic Year beginning: FALL _____ **Campus:** UH _____ UHD _____
(check one)

Please note: The Delphian Endowment Scholarships are offered to any qualifying Undergraduate students who are U.S. citizens or permanent residents matriculating at the University of Houston or the University of Houston-Downtown for the sophomore, junior or senior year. Selection for a Delphian Scholarship is based on these factors: Scholarship, Merit, Character and Financial Need as determined by the Delphian Scholarship Committee.

Student Information: Student UH/UHD ID Number: _____
Or Social Security No. if Student ID No. Unknown _____

Name: _____
Last First Middle

Address: _____
Number Street Apartment No.

_____ City County State Zip Code

Contact Information: _____
Home Phone Cell Phone E-mail Address

Date of Birth: _____ **Place of Birth:** _____ **Age:** _____

U.S. Citizens: YES No **Are you a legal, permanent resident?** YES NO
(Circle one) (Circle one)

Occupation: _____

Gender: Female Male Other **Marital Status:** Single Married **No. of Dependents:** _____
(Circle one) (Circle one)

Spouse's Name and Occupation (if applicable): _____

Academic History:

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)

Sophomore _____ Junior _____ Senior _____

Major Field of Study _____ Expected Graduation Date _____

Semesters Needed to Graduate (**not** including current Spring or any summer semesters) _____

Cumulative GPA for all schools attended _____

College semester credit hours earned: at UH/UHD _____ at other institutions _____

College semesters completed: at UH/UHD _____ at other institutions _____

DELPHIAN SCHOLARSHIP APPLICATION (continued)

Parents' Information (if applicable):

Name: _____
Last First Middle

Address: _____
Number Street Apartment No.

City County State Zip Code

Contact Information: _____
Home Phone Cell Phone E-mail Address

Please submit the following with your name and ID number on each form.
Applications will not be considered without receipt of all the following information.

Financial Information:

To qualify, you must have completed your FAFSA for the upcoming academic year. Please submit a copy of your student aid report (SAR). This report is the PDF copy of your FAFSA results, which you may download at www.studentaid.gov.

Official Transcripts:

Transcripts should be sent by mail directly to the Delphian Office **OR** by secure email delivery to Delphian Scholarship Chair (scholarship@houstondelphians.org) from UH and /or UHD in addition to all other universities or colleges attended.

Individual Student Information – May be submitted in any format:

- Work Commitments
- Family Commitments
- Special Awards and Honors
- Career Objectives
- Outside Activities and Hobbies

I understand that this application is in no way an offer of a scholarship. I hold harmless the Houston Assembly of Delphian Chapters (HADC) and the Houston Assembly of Delphian Chapters Scholarship Foundation Fund (HADCSFF) for any action it may take regarding this application or use thereof.

Certified Statement: I hereby acknowledge that the above information is true and correct. I agree to release any information concerning my records at the University of Houston or University of Houston-Downtown to the Houston Assembly of Delphian Chapters Scholarship Foundation Fund necessary for the administration of the scholarship program. I also give my permission for the HADC or HADCSFF to use any photos of me for identification and/or or publicity purposes.

Date of Application: _____ Signature of Applicant: _____

Mail application to: Delphian Scholarship Application P.O. Box 42401 Houston, Texas 77242
E-mail: scholarship@houstondelphians.org
Website: www.houstondelphians.org