

SAMPLE Psi Psi Psi International Scholarship Application

This sample application can be printed and submitted to your Chapter for their use in determining the best Chapter candidate to apply for Tri Psi Scholarship. The link to the online application is provided on the Scholarship page located at www.tripsisorority.com website.

This application is for a \$1,000.00 Scholarship. I certify that I am a Delta Delta Delta student in good standing and will be entering my third year of college in the Fall and that I will have a minimum of 60 hours, maximum of 72 hours on the semester system (or I will have a minimum of 80 hours and a maximum of 102 hours on the quarter system) by the beginning of my third year.

Name: _____ Date/Place of birth _____

Home Address: _____ City: _____ State: _____ Zip: _____

University /College Attending: _____ Major Field of Study: _____

Overall GPA: _____ Based on possible GPA _____

Parent's Marital Status: M ____ D/S ____ W ____ Home Phone: _____

Email: _____

Occupation: Father: _____ Mother: _____ Age of siblings: _____

Number of siblings in college in 2017/2018 to include yourself: _____

Do you work during the school year? Y / N ____ How many hours a week? _____

Do you work during the summer? Y / N ____ How many hours a week? _____

Is your mother a member of Psi Psi Psi Sorority (mothers of Tri Delta)? Y / N _____

PLEASE ATTACH TO YOUR APPLICATION THE FOLLOWING REQUIRED LETTERS:

1. PERSONAL SIGNED LETTER outlining your educational & career goals, Tri Delta Activities/Offices, Community Service, and your financial needs (w/amounts Scholarships, loans & grants).
2. ALUMNAE CHECK-OFF FORM from your Tri Delta Alumnae Advisor.
3. OFFICIAL TRANSCRIPT of your entire College career, through your last full semester.

Signature: _____ date: _____

Delta Delta Delta Chapter _____ University: _____

Only one application per Tri Delta Chapter accepted.

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Alumnae Check-off

Applicants Name: _____

Delta Delta Delta Chapter: _____

Alumnae Advisor: _____

Based on your relationship with applicant, please rate the following by circling the appropriate response.

	<u>Strong</u>	<u>Very Strong</u>	<u>Exceptional</u>
1 Ambition and Goals	1	2	3
2 Leadership quality/potential	1	2	3
3 Campus and Chapter Involvement	1	2	3
4 Compassion and Respect for Sisters	1	2	3
5 Personal Character	1	2	3

Personal Comments, including financial need (please be specific). Attach additional sheets if needed.

AFFIDAVIT

I certify that the applicant is a member-in-good-standing of _____ Chapter of Delta Delta Delta.

Signature of Alumnae Adviser: _____ Date: _____