

SCHOLARSHIP APPLICATION INSTRUCTIONS
For Undergraduate & Graduate Students

DEADLINE: All materials must be postmarked on or before
MARCH 1, 2010

Mail to: Alpha Gamma Delta Foundation, 3905 Vincennes Road, Suite 105, Indianapolis, Indiana 46268

KEY REMINDERS:

- ▶ You must be at least a sophomore to apply.
- ▶ Applicants must be a full time student and a member of Alpha Gamma Delta in good standing to receive a scholarship in the upcoming fall term.
- ▶ Please do not reproduce this application on a computer. Complete this form or a photocopy.
- ▶ No double-sided copies or staples please.
- ▶ Incomplete or late applications will not be considered.

A complete application consists of:

A four-page application form

Applications are to be typed or printed in black ink.

(Note: Signatures on pages 2 and 4 are required for a complete application.)

Narrative

An original transcript of grades from your university

Photocopies of transcripts or transcripts downloaded from the internet are **NOT** acceptable unless they bear an original stamp or seal from your university's registrar's office.

One completed recommendation form from a member of Alpha Gamma Delta

This recommendation should be from an advisor, if applicant is a collegian.

Two completed recommendation forms from non-members

Professors or employers may write non-member letters.

It is highly recommended that you mail all parts of the application in one envelope. This helps prevent delays or mistakes. If the university or an individual completing a recommendation form prefers to send information directly to the Foundation office, they may do so. Don't assume it has been done! To prevent misunderstandings, check with your college or university and the individuals writing recommendations well ahead of the deadline to be sure all parts of your application have been mailed on time.

The selection of scholarship recipients is a lengthy process. **All applicants will be notified via mail by early July of their application status.** Notification will be sent to the permanent address you list on your scholarship application.

Alpha Gamma Delta Foundation
SCHOLARSHIP APPLICATION

Complete the form by following the directions on the instructions page. Use the instructions page as a checklist since **applications will not be considered unless complete and postmarked** by **MARCH 1, 2010.**

Mail to: Alpha Gamma Delta Foundation, 3905 Vincennes Road, Suite 105, Indianapolis, Indiana 46268

Be sure to include the following items:

1. *Completed, signed application*
2. *Narrative*
3. *Three completed recommendation forms*
 - ▶ Two from non-members of the Fraternity such as professors or employers.
 - ▶ One from an alumna member of the Fraternity, preferably the Chapter Advisor or other advisor.
4. *The latest original transcript of your grade.* Photocopies or transcripts downloaded from the internet will not be accepted unless they bear an original stamp or seal from your university's registrar's office.

Type of scholarship you are applying for: Full-Time Undergraduate Full-Time Graduate

Legal

Name:

first

middle

(maiden)

last

Permanent

Address:

number

street

city

state/province

zip/postal code

Telephone:

()

--

E-mail:

College

Address:

number

street

city

state/province

zip/postal code

Telephone:

()

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E-mail:

Name of

Parents (or Guardian):

Chapter:

Alumnae Chapter/Club:

Collegiate College

or University(s):

Graduation Date:

Major:

Degree:

Cum. GPA:

University Grade Point Standard A =

(3.0, 4.0, 5.0)

Graduate University:

Graduation Date:

Degree pursuing:

Cum. GPA:

Alpha Gamma Delta Foundation
SCHOLARSHIP APPLICATION, page 2

1. **Narrative** (one page limit) On a separate page, please write in detail, your reasons for requesting a scholarship. Why have you chosen your field of study and what are your special qualifications for it? *(Do not include specific financial information – see Financial Statement.)*

2. **Fraternity Achievements & Honors** *(Please include collegiate and alumnae Fraternity Offices held.):*

3. **Campus and Community Activities & Honors** *(Please include philanthropic involvement and recognition.):*

I understand that under the provisions of the U.S. Internal Revenue Code, Sec. 117, I will be required to include as gross income on my personal tax return any scholarship income received for which I do not submit receipts for tuition and fees required for enrollment for my courses in instruction at such institution. (Not applicable for residents of Canada.)

I hereby submit this application for a Scholarship for the academic year 2010-2011 and confirm that all statements contained herein are true to the best of my knowledge.

Signature of Applicant

Alpha Gamma Delta Foundation, Inc.
SCHOLARSHIP APPLICATION, page 3
FINANCIAL STATEMENT

Legal

Name: _____
 first middle (maiden) last

Marital Status: ___ Single ___ Married

If married, please note husband's occupation: _____

Do you have children who receive more than half of their support from you? ___ Yes ___ No

of dependents: _____ Please list the their ages: _____

Can you be claimed as a dependent by a parent or guardian? ___ Yes ___ No

If Yes, please answer the following in relation to parent(s)/guardian:

Occupation of Parent(s)/Guardians: _____

Number and ages of dependent children, other than yourself: _____

~~~~~  
 Is further study dependent on financial aid?                   \_\_\_ Yes \_\_\_ No

If you completed the FAFSA, what is your expected family contribution: \_\_\_\_\_

Other aid you have applied for:

|                | Name  | Amount Expected | When Expect Notification |
|----------------|-------|-----------------|--------------------------|
| Loans          | _____ | _____           | _____                    |
| Grants         | _____ | _____           | _____                    |
| Scholarships   | _____ | _____           | _____                    |
| Assistantships | _____ | _____           | _____                    |

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EMPLOYMENT RECORD (past 3 years)

Employer	Position/Title	Period of Service	Salary/Wages
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

~~~~~  
 List your present indebtedness (to whom debt is owed and amount): \_\_\_\_\_

Alpha Gamma Delta Foundation, Inc.  
**SCHOLARSHIP APPLICATION, page 4**  
**INCOME AND EXPENSE STATEMENT**

**Estimated income for education use:**

*If you are married, include your husband's income information.*

|                                                                 | Current<br>Academic Year | Next<br>Academic Year |
|-----------------------------------------------------------------|--------------------------|-----------------------|
| Savings                                                         | _____                    | _____                 |
| Employment earning                                              | _____                    | _____                 |
| Financial support from parents or guardian                      | _____                    | _____                 |
| Scholarships, loans, assistantships                             | _____                    | _____                 |
| Gifts/Assistance from other individuals                         | _____                    | _____                 |
| Other sources ( <i>trusts, S.S., V.A. etc.</i> )                | _____                    | _____                 |
| If working for room and/or board,<br>approximate value for year | _____                    | _____                 |
| <b>Total Income</b>                                             | _____                    | _____                 |

**Estimated expenses for next year:**

*If you are married, include your household expense information.*

|                                                                            |       |
|----------------------------------------------------------------------------|-------|
| Tuition and Fees per term \$ _____<br>times _____ (terms in academic year) | _____ |
| Books and Supplies for academic year                                       | _____ |
| Living/household expenses for academic year                                | _____ |
| Transportation (if commuting)                                              | _____ |
| Other _____                                                                | _____ |
| <b>Total Expenses for academic year</b>                                    | _____ |

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**SCHOLARSHIP RECOMMENDATION**

**To the recommender:** The applicant wishes your response to be considered as part of her application. Your recommendation may be sent by the applicant with her application or you may mail it directly to our office. Her application will not be complete until your recommendation is received at our office—3905 Vincennes Road, Suite 105, Indianapolis, IN 46268—*postmarked no later than March 1*. This recommendation is very important to the selection committee and a detailed response is appreciated.

Full Name of Applicant: \_\_\_\_\_ AΓΔ Chapter: \_\_\_\_\_

Recommender's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Recommender's Address \_\_\_\_\_  
Street City State Zip Code

In what capacity do you know the applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Are you a member of AΓΔ ? \_\_\_\_\_

Acquaintance with applicant:  Very Well  Well  Casually  Not well enough to rate

*Please check the appropriate box below to rate the applicant's abilities according to your knowledge.*

|                                             | Best I've Seen in Years  | Top 5% of Peers          | Top 10% of Peers         | Average                  | Below Average            | Insufficient Opportunity to Observe |
|---------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| Seeks knowledge and wisdom                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Exhibits teamwork                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Contributes to the community                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Exhibits a positive attitude                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Demonstrates leadership & organization      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Values Truth, Kindness and Sincerity        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Projects a professional and confident image | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

The applicant is...  Recommended Highly  Recommended  Recommended with reservations  Not Recommended

Please add any comments you feel would be helpful to us in making our decision, including your assessment of the financial need of the applicant.

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**Recommender Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*The Mission of the Alpha Gamma Delta Foundation is:  
 The Alpha Gamma Delta Foundation impacts and enriches our communities  
 by providing essential support for education, philanthropy and leadership.*

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