

SCHOLARSHIP APPLICATION INSTRUCTIONS
For Undergraduate & Graduate Students

DEADLINE: All materials must be postmarked on or before
MARCH 1, 2011

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 mid 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, 2011**.

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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: (_____) _____--____ 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
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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 2011-2012 and confirm that all statements contained herein are true to the best of my knowledge.

Signature of Applicant

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

Estimated income for education use:

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

	Current Academic Year	Next 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, approximate value for year	_____	_____
Total Income	_____	_____

Estimated expenses for next year:

If you are married, include your household expense information.

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

_____/_____/_____
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.

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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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"/>
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Demonstrates leadership & organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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