

# UNIVERSITY OF HOUSTON/UHD - DELPHIAN ENDOWMENT SCHOLARSHIP FUND

## ENDOWMENT 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 Endowment 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 Number \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Contact Information:** \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

**Occupation:** \_\_\_\_\_

**Gender:** Female \_\_\_\_\_ Male \_\_\_\_\_ **Marital Status:** Single \_\_\_\_\_ Married \_\_\_\_\_ No. of Dependents \_\_\_\_\_  
(Circle One) (Circle One)

**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 (not 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 \_\_\_\_\_

## DELPHIAN ENDOWMENT SCHOLARSHIP APPLICATION (continued)

### Parents' Information (if applicable):

Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_ Apartment Number \_\_\_\_\_

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:

In order 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](http://www.studentaid.gov).

**Official Transcripts** – Should be sent by mail directly to the Delphian Office **OR** by secure email delivery to Delphian Scholarship Chair ([scholarship@houstondelphians.org](mailto: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 for publicity purposes.*

Date of Application: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Mail application to: Delphian Scholarship Applications  
P.O. Box 42401  
Houston, Texas 77242      E-mail: [scholarship@houstondelphians.org](mailto:scholarship@houstondelphians.org)  
Web site: [www.houstondelphians.org](http://www.houstondelphians.org)