



**HOUSTON ASSEMBLY OF DELPHIAN CHAPTERS
SCHOLARSHIP FOUNDATION FUND**

**DELPHIAN FOUNDATION SCHOLARSHIP CRITERIA
(PRIVATE DONOR SCHOLARSHIP)**

The awarding of a Delphian Foundation Scholarship is based on these factors: Scholarship/ Merit/ Character/ Financial Need as determined by the Delphian Scholarship Committee.

This is a scholarship for undergraduate sophomore, junior, and senior women students at the University of Houston and University of Houston-Downtown. Interviews for the Delphian Foundation Scholarship will not be scheduled until the following information has been received by the Delphian office:

1. Applicant must be classified by the University of Houston as an undergraduate sophomore, junior or senior woman student. Applicants are chosen without regard for age, race or ethnic origin.
2. Applicant must have a cumulative Grade Point Average of at least 3.00 from all colleges.
3. Need must be established by submitting a current tax return. If supported by parents, the parents current tax return must be submitted.
4. Applicant must be a citizen of the United States.
5. Each applicant is required to present an official University of Houston academic transcript and/or transcripts from any previously attended University/College with the application.
6. Priority may be given to an applicant residing in the Houston, Harris County area, or the immediate surrounding counties of Montgomery, Liberty, Waller, Brazoria, Fort Bend, Chambers, or Galveston.
7. Priority may be given to the head of a single parent household.

If selected as a Delphian Scholar, the scholarship is limited to Fall and Spring Semesters only up to eight (8) semesters or graduation, whichever comes first. A Delphian Scholar in good standing may request a Summer Semester award if that Summer Semester class qualifies the student for early graduation or there is a course required for graduation and that course is only offered during the Summer Semester Session. The regulation requiring a minimum semester load of 12 hours may be suspended for the approved Summer Semester, and for semesters when a scholar is student teaching or in an intern program. (If a scholar does not meet the requirements for a semester, the scholar will not be funded the following semester. The funds for the semester not funded are therefore forfeited.)

All selected Delphian Scholars shall be required to:

1. Maintain at least a 3.00 GPA each semester.
2. Complete a minimum of 12 hours each semester.
3. Accept no more than two (2) additional scholarships, neither of equal or higher value. (May accept grants and/or loans).
4. Attend mid-semester interviews each semester.

As part of the Delphian mentoring program, the scholar is asked to attend and help with the Delphian Gala each year, attend the Scholars Tea when held and attend the May luncheon. The Scholars shall be guests of the Delphian organization at these events.

HOUSTON ASSEMBLY OF DELPHIAN SCHOLARSHIP FOUNDATION FUND

DELPHIAN FOUNDATION SCHOLARSHIP APPLICATION
(PRIVATE DONOR)

Student Information:

PeopleSoft ID# _____

Name: _____
Last First Middle

Student's Address _____
Number Street Apt. No.

City (Houston Area) County State Zip code

Phone Numbers _____
Home Cell e-mail

Parent's (if applicable) Address _____
Number Street Apt. No.

City County State Zip Code

Phone Numbers _____
Home Cell

Date of Birth _____ Place of Birth _____ Age _____

Are you a U. S. Citizen _____ Yes _____ No

Gender _____ Single _____ Married _____

Spouse's Occupation _____ Number of Dependents _____

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Academic History:

College Classification:

(0-29) Freshman _____
(30-59) Sophomore _____
(60-89) Junior _____
(90&up) Senior _____

Major Field of Study _____
Expected Graduation Date _____
Semesters Needed to Graduate _____

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 _____ Other _____

Semesters completed at UH _____ semester completed at other institutions _____

My application is for: Academic year: _____

Please attach the following:

Financial Information:

Please fill out and submit the financial form and submit your current tax return..
If supported by your parents, their current tax return must be submitted.

Individual Information:

- Outside Activities and Hobbies
- Family Commitments
- Special Awards and Honors
- Career Objectives
- All Official Academic Transcripts from the University of Houston and all other previously attended Universities/Colleges.

I understand that the Houston Assembly of Delphian Chapters and The Houston Assembly of Delphian Chapter Scholarship Foundation Fund at their sole discretion have the right to approve, offer and fund the scholarships. I also understand that this application is in no way an offer of a scholarship. I also hold harmless The Houston Assembly of Delphian Chapters and the Houston Assembly of Delphian Scholarship Foundation Fund for any action it may take in regard to 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 to the Houston Assembly of Delphian Chapters Scholarship Foundation Fund necessary for the administration of the scholarship program.

Date _____ Signature of Applicant _____

Mail application to: The Delphian Foundation Scholarship
6720 Sands Point, Suite 101
Houston, Texas 77074
713 773-4380 Office Phone
713 773-4380 Office Fax
delphian2@juno.com Office e-mail

Note: This scholarship application is only for scholarships offered through the Houston Assembly of Delphian Chapters Scholarship Foundation Fund.

AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS

Family Educational Rights and Privacy Act of 1974 as Amended (FERPA)

I, _____, hereby voluntarily authorize officials in the
[Print Name of Student]
 University of Houston department(s) identified below to disclose personally identifiable information from my educational records. (Please check the box or boxes that apply):

- Registrar
- Financial Aid
- Dean of Student's Office
- Residential Life and Housing
- University Advancement
- University Studies Division
- Other (Please Specify) _____

Specifically, I authorize disclosure of the following information or category of information (Please check the box or boxes that apply):

- Grades/Transcripts
- Financial Aid
- Disciplinary
- Housing
- Scholarship and/or Honors
- Photos
- Academic Records
- All University Records
- Other (Please Specify) _____

This information may be released to Delphian Organization +
[Print Name(s) of Individual(s) To Whom University May Disclose Information]

members for the purpose of informing:
[List Additional Individuals if Necessary]

- Family
- Educational institution
- Employer/Prospective Employer
- Public or Media of Scholarship, Honor or Award
- Other Please Specify) _____

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to Department(s) identified above.

 Student Name (Please Print)

 Student I.D Number

 Student Signature

 Date