

*Houston Assembly of Delphian Chapters  
Scholarship Endowment Foundation Fund*

**DELPHIAN SCHOLARSHIP CRITERIA  
2008-2009**

This is a scholarship for all undergraduate sophomores, junior and senior students. Interviews for the Delphian Scholarship will not be scheduled until the following information has been verified by the University of Houston Scholarships and Financial Aid Office:

1. Applicant must be classified by the University as an undergraduate student.
2. Priority may be given to the head of a single parent household.
2. Cumulative Grade Point Average of at least 3.00 from all schools
3. Need must be established by the FAFSA form, an appropriate Tax Return, and by information on the Student Aid Report. Current Tax Return must be submitted.
4. Applicants must be a citizen of the United States or permanent resident.
5. Applicant must be a local resident of the Houston, Harris County, or the immediate surrounding counties of Montgomery, Liberty, Waller, Brazoria, Fort Bend, Chambers, or Galveston.
6. Each applicant is required to present a University of Houston academic transcript and/or transcripts from any previously attended University/College with her application.

\* \* \* \*

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 it is only offered in the Summer Semester session. The regulation requiring a minimum semester load of 12 hours may be suspended for the approved Summer Semester.

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 other scholarships, except for Merit Based Awards, or scholarships of lesser value.

**DEADLINE: March 15, 2008**

**Office of Scholarships & Financial Aid**  
**Delphian Scholarship Application**

**Student Information:**

(Please Print)

**Social Security #** \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Student's

Address \_\_\_\_\_

Number

Street

Apt. No.

City (Houston Area) \_\_\_\_\_

County

State

Zip Code

Phone Number \_\_\_\_\_

Parent's (if applicable)

Address \_\_\_\_\_

Number

Street

Apt. No.

City (Houston Area) \_\_\_\_\_

County

State

Zip Code

Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Age \_\_\_\_\_

Are you a US Citizen? \_\_\_Yes \_\_\_No Permanent Resident \_\_\_Yes \_\_\_No

International? \_\_\_Yes \_\_\_\_\_ Visa Type \_\_\_\_\_

Optional: Sex \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_ Number of Dependents \_\_\_\_\_

**Financial Information:**

(This application is based on need)

Have you submitted the Free Application for Federal Student Aid (FAFSA)? \_\_\_Yes \_\_\_No

If no, please submit the Free Application for Federal Student Aid (FAFSA) prior to the application deadline.

(over)

**Academic History:**

College Classification  
 (0-29) Freshman \_\_\_\_\_ Major Field of Study \_\_\_\_\_  
 (30-59) Sophomore \_\_\_\_\_ Graduation Date \_\_\_\_\_  
 (60-89) Junior \_\_\_\_\_ Semesters Needed to Graduate \_\_\_\_\_  
 (90 & up) Senior \_\_\_\_\_

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 \_\_\_\_\_ Semesters completed at other institutions \_\_\_\_\_  
 My application is for: Academic year \_\_\_\_\_

Please attach the following:

- Outside Activities or Family commitments
- Special Awards & Honors
- Career Objectives (Max. 1pg.)
- All academic transcripts

*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 federal, state, or private agency necessary for the administration of the scholarship program.*

\_\_\_\_\_  
 Date Signature of Applicant

Mail application to: The University of Houston  
 Office of Scholarships and Financial Aid  
 Houston, TX 77204-2160  
 Attention: Treanell Scott, Assistant Director

Or

Drop off at: E. Cullen Bldg. Room 23  
 Monday- Friday 8:00 am to 5:00pm

***Note: This scholarship application is only for scholarships offered through the Office of Scholarships and Financial Aid.***

----- *Office Use Only* -----

UH Need \_\_\_\_\_ UH GPA \_\_\_\_\_ Transfer GPA \_\_\_\_\_ Classification \_\_\_\_\_

**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 \_\_\_\_\_  
[Print Name(s) of Individual(s) To Whom University May Disclose Information]

\_\_\_\_\_ 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