

**DELPHIAN ENDOWMENT SCHOLARSHIP APPLICATION**

**Application Deadline: Friday, March 1, 2013**

**Student Information:**

**Student ID#** \_\_\_\_\_

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

Address: \_\_\_\_\_  
Number Street Apt. No.

City County State Zip code

Contact Information: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Cell

**Parents' Information: (if applicable)**

Address: \_\_\_\_\_  
Number Street Apt. No.

City County State Zip Code

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Cell

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

Are you a U. S. Citizen? Yes \_\_\_\_ No \_\_\_\_

Gender: Female \_\_\_\_ Male \_\_\_\_ Marital Status: Single \_\_\_\_ Married \_\_\_\_ Number of Dependents: \_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

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

**Academic History:**

Number of college semester credit hours you will have completed at the end of May 2013: \_\_\_\_

College Classification as of August 2013 (check one):

Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

Expected Graduation Date (MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Semesters Needed to Graduate (**not** counting Spring 2013 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: \_\_\_\_ Other: \_\_\_\_

Semester(s) completed at UH: \_\_\_\_ Semester(s) completed at other institution(s): \_\_\_\_

**Please attach the following: (applications will not be considered without the following)**

**Financial Information:**

Financial Statement (Delphian format)

Your current tax return

Your spouse's current tax return

Your parents' joint tax return or each of their individual tax returns for the current year

**Individual Information:**

Outside Activities and Hobbies

Work Commitments

Family Commitments

Special Awards and Honors

Career Objectives

All Official Academic Transcripts from the University of Houston and all other universities and colleges attended

**I understand that the Houston Assembly of Delphian Chapters and The Houston Assembly of Delphian Chapters Scholarship Foundation Fund at their sole discretion have the right to approve, offer and fund the scholarships. 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 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. I also give my permission for the HADCSFF to use any photos of me for identification and/or for publicity purposes.*

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

\_\_\_/\_\_\_/\_\_\_  
Date of Application

Submit application to: SFA counter in the Welcome Center

Or

Mail application to: University of Houston  
Office of Scholarships and Financial Aid  
Attn: Delphian Endowment Scholarship  
31 E. Cullen Building  
Houston, TX 77204-2010

Note: This scholarship application is only for scholarships offered through the Delphian Endowment Scholarship Fund.

# Houston Assembly of Delphian Chapters Scholarship Foundation Fund

P. O. Box 42401, Houston, TX 77242

## FINANCIAL STATEMENT

Dated as of: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ MARRIED \_\_\_\_\_  
 SPOUSE'S NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ SINGLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ JOINT STATEMENT \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_ INDIVIDUAL STATEMENT \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ Address \_\_\_\_\_ HOW LONG \_\_\_\_\_

ASSETS	
Cash	\$
Marketable Securities	
Non Marketable Securities	
Investments in Partnerships	
Real Estate ( Homestead)	
Real Estate (other)	
IRAs, Keoghs & Other qualified plans	
Other Assets:	
Personal Property	
Automobiles	
Notes Receivable	
Interest in Trust	
Misc	
<b>TOTAL ASSETS</b>	\$

LIABILITIES	
Real Estate Mortgages	\$
Note Payable	
Margin Debt due brokers	
Partnership Related Debt	
Taxes Payable	
Credit Card Debt	
Other Liabilities	
<b>TOTAL LIABILITIES</b>	\$
<b>NET WORTH</b> (Total Assets – Liabilities)	\$
<b>TOTAL LIABILITIES</b> + <b>NET WORTH</b>	\$
	=

INCOME	ANNUAL
Cash wages or salaries	\$
Commissions and Bonuses	
Partnership draws, etc.	
Partnership distributions	
Interest and Dividends	
Rental Income	
Trust Distributions	
Other	
<b>TOTAL INCOME</b>	\$

EXPENSE	ANNUAL
Real Estate Mortgage	\$
Regular Scheduled Installments	
Income Taxes	
Other Taxes(Real Estate etc.	
Living Expenses & Misc	
Rental Expenses	
Other Anticipated Expenses	
<b>TOTAL EXPENSES</b>	\$
<b>NET CASH FLOW</b>	\$