

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

Application Deadline: March 1, 2012

Application for Academic Year _____

Campus: UH Main___ **UH-Downtown**___

Please Note: The Houston Assembly of Delphian Chapters Scholarship Foundation Fund scholarships are offered only to qualifying undergraduate female students who are U.S. citizens matriculating at either the University of Houston Main Campus or the University of Houston-Downtown Campus for the sophomore, junior or senior year. Selection for a Delphian Foundation Scholarship is based on these factors: Scholarship, Merit, Character, and Financial Need as determined by the Delphian Scholarship Committee.

Student Information:

Social Security# _____

Student I.D. # _____

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: _____

Are you a U.S. Citizen: Yes ___ No ___ Occupation: _____

Gender: Female ___ Male ___ Marital Status: Single ___ Married ___ Number of Dependents ___

Spouse's Name: _____ Spouse's Occupation: _____

Parents' Information: (if applicable)

Name: _____

Address: _____
Number Street Apartment Number

City County State Zip Code

Parents' Contact Information: _____
Home Phone Cell Phone

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Academic History:

Number of college semester credit hours you will have completed at the end of May 2012 _____

College Classification as of August 2012 (check one):

Freshman _____ Sophomore _____ Junior _____ Senior _____

Major Field of Study _____

Expected Graduation Date _____

Semesters Needed to Graduate (**not** counting Spring 2012 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 _____ at other institutions _____

Semesters completed: at UH _____ at other institutions _____

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 (HADCSFF) 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.

Date of Application

Signature of Applicant

Mail application to:

The Delphian Foundation Scholarship
P. O. Box 42401
Houston, Texas 77242

Scholarship Phone: 713 236-0975
Scholarship Office e-mail: herbs@hal-pc.org
www.delphianhouston.org

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	
TOTAL ASSETS	\$

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

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

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