



Delta Theta Chi Sorority

A NATIONAL ORGANIZATION FOR WOMEN

A National Educational Sorority Application For Marie Miller Graham/Sue Drelinger Memorial Scholarship For Academic Year 2025-2026

*** For Members and Member’s Family Members Only**

Return to: _____
 (Chapter Representative)

 (Chapter) (Province)

 (Street Address)

 (City) (State) (Zip)

 (Email Address)

****Chapter:** Complete the information above before mailing to applicant

Note: All applicants must currently reside in the United States or a Territory of the United States. All applications must be submitted through a local Delta Theta Chi chapter and be signed by the chapter president to verify eligibility.

Applicants for the Marie Miller Graham/Sue Drelinger Memorial Scholarship are also eligible to apply for the Delta Theta Chi National Scholarship. Applicants may only be a winner of one scholarship.

**Per DTC Procedure NO. 11 to be eligible for this scholarship you must be a DTC member or a member’s family member. Family members are defined as: a DTC Member’s Parent, Spouse, Children, Stepchildren, Grandchildren, Step-grandchildren, Great Grandchildren, Step-Great Grandchildren, and Nieces and Nephews of Members.*

To Applicant: Please read carefully, answer all questions, attach the following and return to the above address postmarked BY MARCH 1, 2025.

1. Transcript of grades covering past four (4) years or through High School.
2. If high school student or freshman in college, official documentation showing grade point average. If you have taken the SAT or ACT, please provide a copy of your test scores.
3. A separate paragraph giving a brief description of courses, intended majors, and reason for furthering your education needs to be attached to the application.
4. Only applications sent via mail will be accepted. **No email applications will be accepted.**
5. Letter of reference from minimum of one (1) person (other than relative) who knows you well.
6. Scholarships must be accepted in the year they are awarded and cannot be delayed.

One \$1000 Marie Miller Graham Memorial Scholarship and one \$500 Sue Drelinger Memorial Scholarship will be awarded. The winning applicant will be notified in May 2025 and will need to provide a photograph 2.5 X 3.5 or billfold size for publication.

If you desire the return of your application in the event you are not selected, please enclose a stamped, self-addressed envelope.

After verifying applicant is eligible to apply, Chapter President will sign on pg. 5.

NOTE: Incomplete applications will not be considered. Please type or write neatly.

www.deltathetachi.org

Application for Delta Theta Chi Marie Miller Graham Memorial Scholarship and Sue Drelinger Memorial Scholarship.

1. Applicant Name _____

2. Home Address: _____
Street City State Zip

3. Primary Telephone Number: (____) _____

4. Email address: _____

5. Name of School Currently Attending: _____

6. School Address: _____
Street City State Zip

7. Date of Birth: _____ Place of Birth: _____

7a. Name of Family member who is a DTC Member: _____

8. Father's Name: _____ Living? Yes No

Address: _____
Street City State Zip

Employer: _____ Occupation: _____

9. Mother's Name: _____ Living? Yes No

Address: _____
Street City State Zip

Employer: _____ Occupation: _____

10. **IMPORTANT:** Parent(s) adjusted gross income for previous year \$ _____
(IRS 1040, line 37 or IRS 1040A, line 21)

11. Give the names and ages of your brothers and sisters. Are any siblings attending college?

12. Have you applied for admission to college? Yes No

a. Where have you applied: _____

b. In what field are you seeking a degree or career? _____

13. Have you been accepted? Yes No If accepted, which College or University?

14. State your class if you are now in college: _____

15. Name of college or university chosen or now attending: _____

Name of College currently receiving Dual Credits: _____

16. (a) Have you applied for or received any student aid toward your college or university education?

Yes No If yes, from whom, when and amount? _____

(b) Have you applied or received any student aid toward your graduate work? Yes No

If yes, from whom, when and amount? _____

(c) State in full your present indebtedness, if any: _____

17. Do you expect to earn money while at school? Yes No How?

18. Have you earned anything by your own efforts during the last four years? Yes No

a. List Jobs and Earnings: _____

19. EDUCATION:

High School _____

College _____

Graduate School _____

20. List extracurricular activities, offices held and length (months/years) of involvement:

High School:

Continued: List extracurricular activities, offices held and length (months/years) of involvement:

College or University:

21. List extracurricular activities and offices held outside of high school/college:

22. List hobbies and other interests: _____

ADDITIONAL INFORMATION / REMARKS:

**For submittal to:
DELTA THETA CHI SORORITY – National Scholarship Committee**

In consideration of my academic record and the facts set forth in this application, I respectfully petition that a scholarship be awarded to me for the academic year 2025-2026 and I solemnly affirm that to the best of my ability the information given is correct.

If an award is made to me and I am not accepted by the college or university named, or if I do not attend school for the date specified, or I receive a full Scholarship from another source, the granting of this scholarship will be void. When I resume my schoolwork, I will file a new application. I understand that one Marie Miller Graham Memorial Scholarship will be awarded.

Date: _____ Signature: _____

Email address: _____

RELEASE

In consideration of my receiving one of the Delta Theta Chi National Scholarships awards, I hereby give my consent to the use of my name, city and state of residence, photograph, and information about my qualifications and my plans for the future for publicity purposes.

I hereby release the National SorORITY, any of its Provinces or Chapters from all claims of any kind on account of such use.

Applicant Signature: _____

Parent Signature (if minor): _____

Date: _____

Verification of Eligibility by Chapter

The Chapter President will, to the best of their knowledge, verify that the applicant is eligible.

Verification of member only status _____
Signature of Chapter President

Chapter: _____ Date: _____

Completed application must be postmarked and sent by Chapter President by March 15, 2025.

Mail to:

Cathie Barber
National Scholarship Chairman
531 N Creek Trail St
Kechi, KS 67067-8811
dte.ep.trustee@gmail.com