

Alpha Delta Gamma Foundation Scholarship Application

General Information

Today's date _____

Name (First, MI, Last): _____ Birth Date _____

Permanent Street Address _____ Apt/unit # _____

City State Zip _____ Soc. Sec. # _____ - _____ - _____

School Information Year in school: Freshman ___ Sophomore ___ Junior ___

Present University _____ Major/degree _____

Anticipated date of graduation _____ Did you attend any other universities? _____

Cumulative GPA _____

Fraternity Information

Chapter Pledged _____ Initiation Date _____ Present Chapter _____

Offices held within your chapter _____ Dates held _____

Additional offices (can also be listed on a separate sheet) _____ Dates held _____

Chapter VP Finance – Name & Phone Number: _____

Financial Information

In approximate percentages, how is your education currently being financed

Parents _____ % Self _____ % Loans _____ % Scholarships _____ % Grants _____ % Other _____ % **

** For “% Other” provide detail on source(s) _____

If I am currently receiving any financial aid, I have confirmed with all sources that receiving an award from The Foundation does *not* retract any aid from said sources. *Please Initial* : _____

I understand that I must submit additional information as outlined in the Application Guidelines. I certify that, to the best of my knowledge, all statements I have made in this application are complete and true. Failure to do so may result in the denial of this application and make me ineligible for this scholarship and any attempt to submit false information will bar me from applying for this scholarship in the future.

Signature _____ Date _____