

# 2019 SDT Foundation Scholarship Application - Undergraduate

Deadline: March 01 2019 at 11:59 PM EST (Midnight)

## Application Directions

- Complete each page of the online application, and ensure all fields are filled out as requested. If a required field does not apply to you, enter 0.00 (zero), None, or N/A (non-applicable)
- Make sure you use the correct application. If you will be an undergraduate student in the academic year 2019-2020 use the undergraduate application. If you will be a graduate student in the academic year 2019-2020, use the graduate application. Applicants who apply using the incorrect application will be disqualified.
- Do not list honors and awards or campus/community service from high school. You may list a scholarship, grant, or cash award you received as a senior in high school if it was used for college.
- Supply all required documents, including your most recent transcript and a high-resolution photo.
- You are required to provide the name and email for your SDT chapter advisor to request a recommendation. A second recommendation is optional, and highly encouraged, from an employer, professor, mentor or SDT alumna. You will need to provide the name and email to request a recommendation.
- You will be notified when the recommendation has been received. If you do not receive a confirmation, you are responsible for follow up and completion of the recommendation. Applicants without a recommendation will not be considered.
- If you cannot complete the application in one sitting, please make sure you SAVE your information, so it is available at a later date. We are unable to retrieve unsaved information.
- Proofread your application for writing quality, completeness, and accuracy prior to submission. Incomplete applications will not be considered.

If you need assistance, please contact Kristen Jackson at (317) 846-7747 or [kjackson@sigmadeltatau.org](mailto:kjackson@sigmadeltatau.org).

## Personal Information

### Applicant Information

First Name: \*

Last Name: \*

Chapter \*

College/University \*

Initiation Date month/year \*

Will you be a resident of the chapter house for academic year 2019-2020? \*

- Yes
- No
- My chapter does not have housing
- I commute from home

Current Street Address \*

City \*

State \*

Zip Code \*

Permanent Street Address \*

City \*

State \*

Zip Code \*

Primary Phone Number \*

Secondary Phone Number

Email Address where you can be contacted this summer with updates regarding your application. \*

Please upload a high resolution photo of yourself to be used if you are selected to receive a scholarship. Photos need to be at least 8" wide and 150 dpi, usually over 1MB in file size. Do not edit or alter your images before sending; we need the original, unprocessed/unfiltered file (we cannot accept images downloaded from social media sites like Facebook or Instagram). Only administrator will see the photo until after selections are completed. Photos may be used for promotional purposes.

\*

Select File  No file selected

Maximum File Size: 10MB, Accepted file types: .jpg, .tiff, .jpeg, .tif

No file attached

## Family Information

How many people in your family are currently attending college or will be in 2019-2020? List age, college/university, and year of study. **(Do not list yourself)** \*

Father/Guardian's occupation \*

Father/Guardian's income \*

Mother/Guardian's occupation \*

Mother/Guardian's income \*

## Personal Essay

### Personal Essay

Write a personal essay that explains why you need this scholarship. Include information about yourself and family, what SDT means to you, and your future career goals. Your essay should be 750-1000 words. Please proof read your content before submitting.

Essay: \*

Max Number of Words: 1000

## Scholastic Information

### Scholastic Information

Undergraduate major/minor \*

Cumulative GPA \*

Please upload your current transcript. You may use unofficial transcripts, however the university name, your name and enrollment dates must be visible. Official e-transcripts are also accepted and can be sent to [kjackson@sigmadeltatau.org](mailto:kjackson@sigmadeltatau.org). \*

Select File  No file selected

*Maximum File Size: 10MB*

*No file attached*

Anticipated graduation date \*

List academic honors you have received in college

Have you studied abroad? \*

- yes  
 no

If you studied abroad, list location along with start and end date

Was your study abroad experience required for your area of study?

yes

no

Did you receive a scholarship or other financial assistance for your studies abroad? If so, list source, amount, and explain if all your expenses were covered.

## Chapter, Campus & Community Involvement

### Chapter Participation

List chapter and panhellenic leadership positions held:

e.g. - eboard, panhellenic council, non-executive offices, committee chairmanships, committee positions, etc. Title and time commitment and year for each position is required. \*

List other chapter activities in which you participated. Be as descriptive as possible and include date of participation.

If you could not fully participate in the chapter please explain why:

## Campus Activity

List campus activities (including sports)

Provide an annotation of the nature of the activity, dates, and time commitment (one time, occasional, weekly, monthly). Note any leadership positions or awards. (Do not include activities you are required to participate in by your chapter and have already listed in that section.) \*

## Community Service

Provide an annotation of the nature of the activity, dates, and time commitment (one time, occasional, weekly, monthly).

Note any leadership positions or awards. (Do not include activities you are required to participate in by your chapter and have already listed in that section.) \*

If you had limited availability for participating in campus or community activities, please explain.

## Employment History

List the most recent job first. Include internships, paid or unpaid. Note summer or seasonal employment with (s); and employment while taking classes with (c).

Is your current employment or internship required for your field of study? Explain.

If you are working during school, please indicate the number of hours per week.

Are you currently on work study as part of a financial aid package?

- no  
 yes

If on work study, how many hours per week?

## Financial Information

### Financial Information

#### Anticipated Cost of Academic Year 2019-2020

List the anticipated cost for Tuition- academic year 2019-2020 as defined by the College/University Registrar's office: \*

\$

List your anticipated cost for Room and Board - academic year 2019-2020 \*

\$

List your anticipated additional educational cost (books, lab fees, supplies, etc) - academic year 2019-2020 \*

\$

Total estimated cost for the academic year 2019-2020. Add previous 3 questions together to find this number.

\$

#### Financial Assistance for Academic Year 2019-2020

List all scholarships, grants and awards you have received to assist with college expenses. (Include amounts, dates, and if assistance is renewable or not) Include any SDT Foundation scholarships. \*

List loans you or your family have taken out. Include amounts, dates, types (federal subsidized or unsubsidized, personal, bank, etc.) and if assistance is renewable or not. \*

What is your total amount of outstanding loans to date?

\$

Have you submitted, or do you plan to submit a Free Application for Federal Student Aid (FAFSA)? \*

- Yes
- No

If you have received your SAR report, what is your Expected Family Contribution (EFC)?

\$

If you did not apply for FAFSA, please explain why. \*

What financial assistance do you anticipate you will receive for 2019-2020? (Include scholarships, grants, awards, or loans and estimated amounts) Be as specific as possible.

Total anticipated Parent/Guardian support. Do not include loans. \*

\$

List your anticipated personal contribution from work earnings and/or bank accounts. \*

\$



I am solely responsible for my college expenses. \*

yes

no

Provide any additional information about your ability to pay for college that you would like us to know. (250 word max)

Max Number of Words: 250

## Recommendations

### Request for Chapter Advisor Recommendation

An email will be sent to your chapter advisor prompting them to submit a recommendation, however, you are responsible for the completion of the request. Please connect with your advisor so they are anticipating the email and follow up to confirm they submitted the recommendation. If you or the advisor submitting this recommendation and experience any issues, please contact Kristen at 317-846-7747 or [kjackson@sigmadeltatau.org](mailto:kjackson@sigmadeltatau.org).

Relationship to contact for recommendation \*

Contact's First Name \*

Contact's Last Name \*

Contact's Email Address \*

Contact's Phone Number

Contact's Title

Contact's Organization

## Request for Secondary Recommendation

This is an optional second recommendation. An email will be sent to the individual you are requesting to submit a recommendation, however, you are responsible for the completion of the request. Please connect with the individual you are asking to submit the recommendation and follow up to confirm the individual has submitted the recommendation. If you or the individual completing this recommendation and experience any issues, please contact Kristen at 317-846-7747 or [kjackson@sigmadeltatau.org](mailto:kjackson@sigmadeltatau.org). It is preferred that you have an employer, professor, mentor, or SDT alumna complete this recommendation.

Relationship to contact for recommendation \*

Contact's First Name

Contact's Last Name

Contact's Email Address

Contact's Phone Number

Contact's Title

Contact's Organization

## Review

### Review

By selecting "Accept" below, I certify that all information in this application is true and further, certify that I am a member in good standing with my chapter and Sigma Delta Tau Sorority. The Sigma Delta Tau Foundation may verify all information for accuracy. Please be sure all the information provided is complete, proofread your essay, provide required documents, and verify that we have received your recommendation. Incomplete applications will not be considered. If you have any questions or concerns, please contact [kjackson@sigmadeltatau.org](mailto:kjackson@sigmadeltatau.org). \*

Accept

Decline

**Thank you for applying. Recipients will be notified by July 1.**

**Good luck!**