

Lambda Chi Alpha Scholarship Application



All undergraduate scholarships are awarded through the Lambda Chi Alpha Educational Foundation. To be considered for a general scholarship, you must comply with the following:

- Have at least a cumulative 3.0 G.P.A. on a 4.0 G.P.A. scale in your undergraduate course work.
- Be an active, undergraduate Lambda Chi Alpha member in good standing.
- Demonstrate Chapter and Campus Leadership and Involvement.
- Demonstrate financial need.
- Plan on attending school as a full-time undergraduate student during the 2017-2018 academic year.

The application deadline is **March 1, 2017**.

Judging is based on the following criteria:

- 1/3 Academic Achievement
- 1/3 Chapter and Campus Leadership and Involvement
- 1/3 Need

APPLICATION INSTRUCTIONS

1. Complete one (1) copy of the "Undergraduate Scholarship Application" and submit it unstapled.
2. Complete two (2) copies of the "Recommendation Cover Page."
3. Obtain two (2) letters of recommendation from the required individuals.
4. Obtain all necessary official university transcripts.
5. Mail all application material in one envelope to:

**Teresa Carlson, Director of Stewardship & Advancement Services
Lambda Chi Alpha Educational Foundation
11711 N. Pennsylvania Street, Suite 250
Carmel, IN 46032**

6. Application must be received (not postmarked) by **March 1, 2017**.

If you have any questions regarding these scholarships, please contact Teresa Carlson at scholarships@lambdachi.org or by phone (317) 803-7333.

Lambda Chi Alpha Scholarship Application

Judging is based on the following criteria:

- 1/3 Academic Achievement
- 1/3 Chapter and Campus Leadership and Involvement
- 1/3 Need

INSTRUCTIONS

Please forward the following information in one envelope:

- Completed Scholarship Application
- Official** transcripts of all undergraduate coursework. Transcripts printed from the Internet are **not acceptable**. To be eligible for a scholarship, you must have a cumulative grade point average of at least 3.00 (A=4.00).
- Recommendation letters from 2 individuals.
 - A student life staff member (Greek Adviser, Dean of Students, Athletic Coach) who can verify your campus or community activities.
 - A current or past High Alpha (preferred) of your chapter or the High Pi or an involved alumnus from your chapter who can verify your chapter activities and involvement.
- A letter from you outlining your course of study and your career plans. Any additional information that would be useful to the selection committee may be included.

All recommendation letters and transcripts must be mailed with the application in one envelope and RECEIVED by March 1, 2017 to be considered. Incomplete or late applications will not be accepted.

All questions should be directed to scholarships@lambdachi.org.

MAIL TO: *Teresa Carlson
 Educational Foundation of Lambda Chi Alpha
 11711 N. Pennsylvania Street, Suite 250
 Carmel, IN 46032*

Please complete the application online, print & sent to the address above - Handwritten applications will not be considered.

Name _____
(Last) (First) (Middle)

Summer Address _____
(Street or PO Box) (City, State, Zip)

Summer Phone (_____) _____ Cell Phone (_____) _____

Permanent Address _____
(Street or PO Box) (City, State, Zip)

Permanent Phone (_____) _____

School Email _____ Personal Email _____

Birthdate _____ Zeta and Number _____ Year Initiated _____

Class Level in the Fall of 2017 _____

List all of the colleges or universities you have attended:

Name	Years Attended	Degree	Year Expected
_____	_____	_____	_____
_____	_____	_____	_____

List your college major and minor: _____

Cumulative undergraduate grade point average on a 4.0 scale _____

Chapter activities including dates served and contributions (offices, committees, etc.) _____

Explain any positive impact you have had on your chapter _____

List Campus extracurricular activities including dates served _____

List Community activities which you had a positive impact– please be specific _____

List any honors, awards, etc. you have received _____

Name of your employer _____

Your position _____

How many hours do you work per week (summer or permanent)?

Describe your job responsibilities _____

Father's occupation and employer _____

Mother's occupation and employer _____

Total Annual Income (both parents) _____

Anticipated cost of tuition, board, fees and books for one academic year _____

Do you expect aid from your parents? _____ If so, how much _____

Who is paying for your student loans if anyone? _____

Number of immediate family members who are in college this year _____ Next year? _____

What scholarships or other financial aid do you have for next year? Please include amount of assistance

Are you applying for any other forms of financial aid for next year? _____

If so, describe _____

One third of the award is based on need. Please explain your need. (Attach a separate sheet if needed)

List the names and addresses of those who have written your recommendation letters for this application.

I make this application with the understanding that I will not be entitled to a scholarship if I do not attend school full-time. If I receive a scholarship, I understand that I will receive the award after I have submitted evidence of enrollment. I also understand that all scholarship funds will be paid directly to my school for tuition and fees. (Those students whose financial aid package already meets or exceeds tuition and fees for the next academic year **will not** be eligible for this scholarship.) If I receive a scholarship, I understand that it is my duty to support the Educational Foundation of Lambda Chi Alpha in the future, as I am able, to perpetuate the experience for future Lambda Chi Alpha brothers. I also acknowledge that I will be required to write a donor thank you letter and provide it to the Educational Foundation. All information presented in this application is true and I understand that any misrepresentation will disqualify me from the award.

(Signed)

(Date)

RECOMMENDATION COVER PAGE

TO BE COMPLETED BY THE APPLICANT:

Name of Applicant _____ School _____

Field of Study _____

Name of Recommender _____

Relation to Applicant _____

This recommender is requested particularly to address my (check all that apply)

- likelihood of continued superior academic achievement; general merit and promise
- extracurricular activities, including examples of leadership
- ideals, conduct, personality, moral character
- financial circumstances and need
- chapter activities and involvement

TO THE RECOMMENDER:

The members of the evaluation panel greatly appreciate your time and effort. Providing this information will enable us to award scholarships for undergraduate study to the most outstanding candidates. To be eligible, the student must have at least a 3.0 cumulative undergraduate average (A = 4.0). The panel has stipulated that eligible applicants will be judged on superior academic achievement, need, demonstrated leadership, and involvement in activities.

The applicant will provide a transcript of all undergraduate work completed, a list of chapter activities and offices, a list of campus and community activities, and information on his financial circumstances. Thus your letter need not include lists of such basic information but, instead, can focus upon specific examples of superior performance or personal characteristics that will give the panel insight into the breadth and depth of this individual.

Position/Title of Recommender _____

School or Firm _____

Address _____

Date _____ Signature of Recommender _____

Please enclose your letter of recommendation in an envelope, seal the envelope, sign your name across the seal, and give to the applicant to include with his application. Thank you for your assistance.

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