

HOFSTRA UNIVERSITY
DELTA CHI DELTA SORORITY ALUMNAE ENDOWED SCHOLARSHIP

2024-2025

Dear Applicant:

Every year, the Delta Chi Delta Alumnae Association awards their endowed scholarship to provide financial assistance to the children, grandchildren or other members of a family of Delta Chi Delta alumnae at Hofstra University.

The scholarship will be awarded to a family member of a Delta Chi Delta Alumna. Student(s) must have completed a minimum of two semesters at Hofstra University at the time of application and have a minimum GPA of 2.5. A minimum of one award, and no more than four, will be given to undergraduate and graduate students.

The amount of these awards will be determined based on available interest generated from our endowment fund. One award is named in memory of our sister Eileen Szwejkowski Rei '65.

Enclosed you will find an application and authorization form which must be completed and returned by **4pm on FRIDAY, JUNE 7, 2024**. All application items must be submitted together via email to:

The Delta Chi Delta Alumnae Association
heidi.j.goldenberg@hofstra.edu

**APPLICATIONS MUST BE TYPEWRITTEN AND INCLUDE A COPY OF YOUR
CURRENT TRANSCRIPT (THESE SHOULD BE WEB, NOT OFFICIAL, TRANSCRIPTS) OR DAR.**

The **FERPA Student Release consent form must be submitted along with this application**. This form can be obtained from the Student Financial Services via download from: www.hofstra.edu/pdf/acadrec_FERPA.pdf. On this form, fill in Name of Authorized Person: **Delta Chi Delta Sorority Alumnae Endowed Scholarship Committee**.

If you have any questions, please contact Alumni Affairs at (516) 463-6636.

With Hofstra Pride,

Cordially,

The DXD Scholarship Committee

**Financial need is not required for this scholarship but may be considered. Financial need is calculated by filing the FAFSA (Free Application for Federal Student Aid) at www.fafsa.ed.gov. Hofstra University's school code is 002732. It will take approximately 3 weeks for Student Financial Services to receive your FAFSA from the time you file it. For more information, contact Student Financial Services at (516) 463-8000.*

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APPLICATION DEADLINE: 4PM ON FRIDAY, JUNE 7, 2024

Name _____ Date of Birth _____

Address _____

City/State/Zip _____

Campus Address _____

Home Phone _____ Campus Phone _____

HU ID # _____ GPA _____ Email _____

Major _____ Anticipated Date of Graduation _____

PLEASE CHECK ALL THAT APPLY AND PROVIDE THE REQUESTED INFORMATION:

____ I am the child or grandchild of a Delta Chi Delta Alumna

____ I am a relative (other than child or grandchild) of a Delta Chi Delta Alumna

Mother's Name _____ Year of Graduation _____

Mother's Maiden Name _____

Current Employer _____

Grandmother's Name _____ Year of Graduation _____

Grandmother's Maiden Name _____

Other Relative's Name _____ Year of Graduation _____

Other Relative's Maiden Name _____

PLEASE TYPE:

List, with dates of participation, your extra-curricular activities at Hofstra University, along with any special recognition, awards or honors you have received during your college career:

List, with dates, any activities or community service in which you participated outside of school:

List, with dates, your work experiences:

How many brothers and sisters do you have? _____

Have you received any other scholarships or awards? _____

If yes, please name them and their amount: _____

In one double-spaced, typewritten page, explain the reasons why you should be a recipient of the Delta Chi Delta Alumnae Association Endowed Scholarship. Make sure your name is on the page and attach it to this application.

Signature

Date