

**HOFSTRA UNIVERSITY
ALPHA THETA BETA ALUMNAE
ENDOWED SCHOLARSHIP
2018-2019**

Dear Sister:

The AOB Alumnae of Hofstra University, in fulfilling our goal of providing educational and financial aid to active Sisters, established the AOB Scholarship in 1982. In 1988, this scholarship was endowed and renamed the Alpha Theta Beta Endowed Scholarship.



The intent of this scholarship is to promote the value of the total collegiate experience, through recognition of that individual who successfully integrates active involvement in AOB with other extra-curricular activities and scholastic achievement.

This application will also be used for the Distinguished Academic and Distinguished Service Awards. These additional awards were created in 2000.

We therefore extend an invitation to all sisters, who are in at least their third semester of active membership in AOB, to apply for this year's honor.

The **FERPA Student Release consent form must be submitted along with this application.** This form can be obtained from the Student Financial Services and Registrar Suite in Memorial Hall, or downloaded from: www.hofstra.edu/pdf/acadrec_FERPA.pdf. On this form, fill in Name of Authorized Person: *Alpha Theta Beta Alumnae Endowed Scholarship Committee*.

**APPLICATIONS MUST BE TYPE WRITTEN AND INCLUDE A COPY OF YOUR
CURRENT TRANSCRIPT OR DAR. IN COMPLIANCE WITH THE UNIVERSITY'S
RULES, YOU MUST HAVE A FINANCIAL AID FORM ON FILE WITH THE
FINANCIAL AID OFFICE.**

Kindly print out and complete the attached application, including a type-written 200 word essay on this year's topic. Please sign and date all appropriate pages and return no later than **4PM on FRIDAY, JUNE 29, 2018**. All application items must be submitted together and can be mailed or brought in person to:

Alpha Theta Beta Alumnae Endowed Scholarship
c/o Breanne Lisco
Libby and Joseph G. Shapiro Alumni House
150 Hofstra University, Hempstead, NY 11549

Should you have any questions, please contact Patrice Rachlin, chairperson of the Scholarship Committee, at (516) 378-2471, (516) 477-4397, or via E-mail at aobpres@aol.com.

We look forward to your participation.

Yours in Sisterhood,

Cordially,

The AOB Scholarship Committee

HOFSTRA UNIVERSITY
ALPHA THETA BETA ALUMNAE ENDOWED SCHOLARSHIP
2018-2019

PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Campus Phone: _____

HU ID#: _____ E-mail: _____

Campus address: _____

Class Standing as of September 2018: _____ Junior _____ Senior

Number of Credits Earned: _____ Anticipated date of graduation: _____

AOB EXPERIENCE (ATTACH ADDITIONAL SHEETS IF NECESSARY)

Semester/Year Pledged: _____ / _____

Semesters/Years of Active Membership (Include current semester): _____

ACTIVITIES IN SORORITY:

Offices held (Note semesters/years for each): _____

Committee Work (Note semesters/years for each, indicate chairmanships): _____

ACADEMIC BACKGROUND:

MAJOR: _____ MINOR: _____

OVERALL GPA (minimum 2.5): _____ MAJOR GPA: _____

List Scholarships, awards and other honors (include dates):

EXTRA-CURRICULAR ACTIVITIES (OTHER THAN AΘB):

List all clubs, sports, service organizations, volunteer work and other Greek activities. Specify major responsibilities, offices and committee work, including dates for each. Attach additional sheet if necessary.

***HOFSTRA:**

***COMMUNITY:**

List your work experience, including dates. Please indicate on/off campus, job title, internships, and hours worked per week.

ESSAY QUESTION (200 words, typewritten):**“How do extra-curricular activities prepare you for life after college?”***(Please make sure your name is on the essay page and attach it to this application.)*

Student Signature: _____ Date: _____

Office of Academic Records and Registrar
207 Memorial Hall, 126 Hofstra University, Hempstead, NY 11549-1260

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY
ACT STUDENT RELEASE FORM**

Student Last Name: (Please print.) _____ First Name _____

Student ID No. 70 — _____

Student Authorization for Disclosure

Family Educational Rights and Privacy Act (FERPA) is a federal law which sets forth requirements regarding the privacy of student records. For complete information regarding FERPA, please visit <http://www.ed.gov/policy/gen/guid/fpco/index.html>.

I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974, and authorize Hofstra University to discuss and/or disclose all my education records to the following individual:

Name of Authorized Person: **ALPHA THETA BETA ALUMNAE ENDOWED SCHOLARSHIP**

Relationship to Student: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

The purpose of the release is for assistance and advice in all education records; if for other purpose, please state below:

Please provide a challenge question and response that will be verified each time the Authorized Person speaks with a University representative. You must inform the Authorized Person of the challenge question and response that you selected.

Sample challenge questions: Name of your first pet? Color of your first car? Your favorite subject in high school?
Father's middle name?

Challenge Question: _____
(Please limit to 90 characters, including spaces.)

Challenge Response: _____
(Please limit to 30 characters, including spaces.)

I understand that this authorization will be in effect as long as I am a student at Hofstra University, or until I revoke this authorization in writing by visiting the Office of Academic Records and Registrar, 207 Memorial Hall, or by logging in to the Hofstra portal.

I have carefully read the foregoing authorization and fully understand the meaning and intent of this document. I affirm that I have signed this authorization voluntarily.

Student Signature: _____ Date: _____