

HOFSTRA UNIVERSITY
DELTA CHI DELTA SORORITY ALUMNAE ENDOWED SCHOLARSHIP

2018-2019

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 29, 2018**. All application items must be submitted together and can be mailed or brought in person to:

The Delta Chi Delta Alumnae Association
c/o Breanne Lisco
Libby and Joseph G. Shapiro Alumni House
150 Hofstra University
Hempstead, NY 11549

**APPLICATIONS MUST BE TYPEWRITTEN AND INCLUDE A COPY OF YOUR
CURRENT TRANSCRIPT 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 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: ***Delta Chi Delta Sorority Alumnae Endowed Scholarship Committee.***

If you have any questions, please contact the Office of 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 29, 2018

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

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: **DELTA CHI DELTA SORORITY 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: _____