



Gamma Phi Delta, Inc. Sorority Eastern Regional Working Woman Scholarship Application



Guidelines

To be eligible for the Gamma Phi Delta Sorority Inc. – Eastern Regional Working Woman Scholarship Award, applicants must meet all of the following requirements. Incomplete applications will not be considered for evaluation. Applications must also have authentic original signatures.

REQUIREMENTS:

- Must be resident within the following states: New York, New Jersey, Pennsylvania, Delaware, Maryland, District of Columbia, Virginia.
- Every question on the scholarship application must be answered. If any question on the scholarship application does not apply, enter N/A in the blank space.
- Must be a High School graduate or have obtained your GED
- Must be enrolled in post-secondary institution at the time of application.
- Additional education, vocational, or professional training information can include any post-high school activities you either have been or are currently enrolled
- Resumes may be included, however will be considered additional information and not a substitute for a completed application.
- Response to the essay question: “How will receiving this scholarship enhance the quality of your life?” should not exceed 1000 words.
- Must have two (2) letters of recommendations
 - Relatives are not permitted to recommend applicants.
- Applications must have authentic original signatures

APPLICATION SUBMISSION

All materials must be submitted at the same time.

All applications must be completed electronically, printed and mailed to the following address no later than ***Friday, March 31, 2017***

Ms. Tamarra Causley Robinson
Gamma Phi Delta Sorority, Inc.
Eastern Region Scholarship Chair
800 Denow Road, Suite C-222
Pennington, NJ 08534

If selected as a scholarship recipient:

- The applicant will be invited to attend an awards ceremony taking place on Saturday, May 6, 2017 in Hanover, Maryland (more detail will be shared at a later date) - ***Attendance to the award ceremony is not required to be selected as a scholarship recipient.***
- The applicant will be required to provide proof of enrollment from the school you will be attending in the Fall Semester by August 1, 2017.

The application must be filled out by applicant. If any portions of the application or essay are incomplete, the applicant will be automatically disqualified with no further consideration.



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Must be received by March 31, 2017



SCHOLARSHIP APPLICATION		
APPLICANT INFORMATION		
Name:		
Date of birth:	Recipients of this award will be required to submit their Social Security Number (for tax purposes)	Phone:
Email:		
Current address:		
City:	State:	ZIP Code:
HIGH SCHOOL EDUCATION INFORMATION		
Name of High School:		
School Address:		Highest Grade Completed:
Phone:	Email:	Dates Attended:
ADDITIONAL EDUCATION INFORMATION		
Name of School:		
School Address		GPA:
Phone:	Email:	Dates Attended:
VOCATIONAL/PROFESSIONAL TRAINING		
Name of school:		
School Address		Certificate Received:
Phone:	Email:	Dates Attended:
ADDITIONAL EDUCATION INFORMATION CAN BE ATTACHED		
EMPLOYMENT		
Name of Employer:		Phone:
Address of Employer:		Dates:
Position:		
AFFILIATIONS		
Name of Affiliation:	Position Held:	Membership Dates:
Name of Affiliation:	Position Held:	Membership Dates:
Name of Affiliation:	Position Held:	Membership Dates:
HONORS / AWARDS		
Name of Award or Honor	Date Received	Description
COMMUNITY SERVICE		
LOCATION:		
ADDRESS		PHONE:
DUTIES:		



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COMMUNITY SERVICE

LOCATION:

ADDRESS

PHONE:

DUTIES:

Essay Question: How will receiving this scholarship enhance the quality of your life?

(Do not feel limited to the space provided. Your statement can be attached to this application.)



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REFERENCES

Please provide two professional letters of recommendations.

REFERENCE NAME:	TITLE
ADDRESS:	CONTACT NUMBER
REFERENCE NAME:	TITLE
ADDRESS:	CONTACT NUMBER

May we use your picture to for promotional purposes? ____Yes ____ No
(Declining to submit picture will have not effect our selection process)

SIGNATURE

I authorize the verification of the information provided on this form

Applicant name (printed)	
Signature of applicant:	Date:



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**2017 SCHOLARSHIP INCOME
 EXPENSE / ASSET INFORMATION**

Please fill out the following information in its entirety

Income from Work Earned		\$
Other Income		
	Social Security	\$
	Aid to Family w/Dependent Children	\$
	Other (describe below)	\$
US / State / Local Income Tax Paid		\$
Medical / Dental Expense NOT COVERED by Insurance		\$
Total number of exemptions		
Other Unusual Expenses (attach explanation / copies)		\$
Has anything occurred that will increase your income during the upcoming year? ____ YES ____ NO		

If "Yes" explain briefly below: