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Scholarship Application Form

**Personal Information:** Chapter &

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Roll #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus Phone: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scholarship Type:**

There are many scholarships to apply for through the Theta Xi Foundation. Please indicate the type(s) of scholarships for which you are applying. Please note that each scholarship has its own criteria that must be met in order for an application to be complete.

\_\_\_\_\_ Anderson -Sigma Chapter

\_\_\_\_\_ Christian Ervick Balance Scholarship – Alpha Eta Chapter

\_\_\_\_\_ Janus – Alpha Sigma Chapter

\_\_\_\_\_ McEachern – Alpha Alpha Chapter

\_\_\_\_\_ Rudd – all undergraduate brothers

\_\_\_\_\_ Woodward – Gamma Chapter

**Academic Record:**

Current year in school: 1 2 3 4 5+ Anticipated Fall Credit Hours \_\_\_\_\_\_

Anticipated date of graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Month/Year)*

Anticipated class status for this upcoming fall term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach a current unofficial copy of your university grade transcript.**

**Chapter Involvement Record:**

Date initiated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of Semesters living in the Chapter house, including current semester: \_\_\_\_\_\_\_\_\_

Where do you plan to live next school year:

Chapter House \_\_\_\_\_\_ Campus Housing \_\_\_\_\_\_ Off-Campus \_\_\_\_\_\_

Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

List your **elected** chapter offices:

Office Term

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(insert additional lines for additional listings)*

List your **appointed** chapter positions:

Position Term

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(insert additional lines for additional listings)*

List your elected **campus** positions:

Position Term

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*(insert additional lines for additional listings)*

List **additional** campus/athletic positions:

Position Term

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Statement:**

Include a statement discussing your Fraternity, campus, work, and/or community involvement, and how it’s benefited you and the community. How do you feel the scholarship will help you achieve your academic and leadership goals, and why you feel you are the best candidate, through merit and/or need. Include any future plans to further your Chapter’s success, and any special circumstances you feel are relevant to share, such as unusual family expenses, indebtedness, etc.

**Financial Record:**

1. **For needs-based scholarships (Anderson, Rudd), attach a copy of your FAFSA.**
2. **List any scholarships received, including any from Theta Xi.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Supporting Materials:**

1. McEchern only -- attach a work resume.
2. Rudd only – Attach a letter of recommendation from your chapter president, chapter advisor, or alumni association president.

**Publicity:**

If you are selected as the recipient of the award, Theta Xi Foundation will request a digital photo for publicity purposes only be submitted via e-mail to [txfn@thetaxi.org](mailto:txfn@thetaxi.org). *Please provide a high-quality portrait picture of yourself*.

**Authorized Signatures:**

Please have the two executive officers listed below sign this form to prove that you are in good standing with the fraternity.

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement of Accuracy:**

By my signature below, I state that the information contained in this application is true and I further hereby authorize the Foundation Scholarship Committee to verify any information with the appropriate Chapter officers or University officials. I hereby certify that my plan and intent is to be enrolled as a full-time student and as an active and fully participating chapter member. That any scholarship funds received will be used only for expenses related to my college/university study. And, that I do not owe a refund on any grant, am not in default on any student loans and have not borrowed in excess of any loan limits.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Submit completed application postmarked by the 3rd Monday in March to:**

**Theta Xi Foundation**

**Attn: Scholarship Grants Committee**

**745 Craig Road, Suite 222**

**St. Louis, MO 63141**

**Or**

**by e-mail:** [txfn@thetaxi.org](mailto:txfn@thetaxi.org)