## **SAMPLE Psi Psi International Scholarship Application**

This sample application can be printed and submitted to your Chapter for their use in determining the best Chapter candidate to apply for Tri Psi Scholarship. The link to the online application is provided on the Scholarship page located at <a href="https://www.tripsisorority.com">www.tripsisorority.com</a> website.

This application is for a \$1,000.00 Scholarship. I certify that I am a Delta Delta Delta student in good standing and will be entering my third year of college in the Fall and that I will have a minimum of 60 hours, maximum of 72 hours on the semester system (or I will have a minimum of 80 hours and a maximum of 102 hours on the quarter system) by the beginning of my third year.

Name:					
Home Address:	City:	State:	Zip:		
University /College Attending	g:	Major Field of Study:			
Overall GPA:	Base	Based on possible GPA			
Parent's Marital Status: M	D/S W Home Phor	ne:			
Email:					
Occupation: Father:	Mother:	Age of siblings:			
Number of siblings in college	e in 2020/2021 to include yoursel	f:			
Do you work during the scho	ool year? Y / N How many h	nours a week?			
Do you work during the sum	mer? Y / N How many hou	rs a week?			
Is your mother a member of	Psi Psi Psi Sorority (mothers of Tr	ri Delta)? Y / N			
PLEASE BI	E ADVISED — THE ONLINE APPLIC	CATION WILL REQUIRE THE F	OLLOWING:		
	outlining your educational & care (w/amounts Scholarships, loans	•	Offices, Community Service,		
2. EVALUATION from your	Tri Delta Advisor.				
3. OFFICIAL TRANSCRIPT of	your entire College career, throu	ugh your last full semester.			
Signature:		date:			
Delta Delta Chapter		University:			

Only one application per Tri Delta Chapter accepted.

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## **Advisor Check-off**

Applicants Name:			
Delta Delta Chapter:			
Tri Delta Advisor:			
Based on your relationship with applicant,	please rate the fol	lowing by circling the a	ppropriate response.
1 Ambition and Goals	Strong 1	Very Strong 2	Exceptional 3
2 Leadership quality/potential	1	2	3
3 Campus and Chapter Involvement	1	2	3
4 Compassion and Respect for Sisters	1	2	3
5 Personal Character	1	2	3
AFFIDAVIT			
I certify that the applicant is a member-in-good-standing of			apter of Delta Delta Delta.
Signature of Advisor:		Da	ite: