

# 705 Walnut Avenue Foundation, Inc.

## Scholarship Application Form

*The Directors will determine the number and amount of scholarships to be awarded on a yearly basis by evaluating existing funds and qualified candidates. The application must be received by 6pm on May 2, 2025. There are no exceptions. Please email to [info@705WalnutAvenueFoundation.org](mailto:info@705WalnutAvenueFoundation.org)*

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

College/University Name: \_\_\_\_\_

### A) General Information:

1. Full Name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_(DD/MM/YYYY)

3. Student ID # \_\_\_\_\_

4. Are you the first to attend university in your family? Yes/No: \_\_\_\_\_

5. Are you an initiated member of the Lambda Chapter of Alpha Chi Omega \_\_\_\_\_

If yes, year of initiation \_\_\_\_\_

If no, what is your relationship to the Lambda Chapter of Alpha Chi Omega

\_\_\_\_\_

\_\_\_\_\_

6. Are you or your parents/related to any Directors/Officers of the 705 Walnut Avenue Foundation, Inc. (Yes/No) \_\_\_\_\_

If you answered yes, please provide the name of the Director \_\_\_\_\_

7. Are you currently receiving financial aid? (Yes/No) \_\_\_\_\_

If yes, please indicate the amount receive in scholarships \_\_\_\_\_, grants \_\_\_\_\_, loans \_\_\_\_\_, work study \_\_\_\_\_.

*Please note that the 2025 scholarships are NOT need based.*

8. Major/Area of Study: \_\_\_\_\_

9. GPA: \_\_\_\_\_

# *705 Walnut Avenue Foundation, Inc.*

10. Credits already earned \_\_\_\_\_ Credits needed for graduation \_\_\_\_\_

Projected status for 2025-2026 school year (e.g. Sophomore, Junior, Senior)

\_\_\_\_\_

11. Activities/Leadership roles:

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

12. References (please provide 3 references that may be contacted and can be contacted for validation of character.).

Name

Phone Number

Email

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

## **B) Contact Details:**

1. Present Address:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

2. Permanent Address:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# *705 Walnut Avenue Foundation, Inc.*

## **ESSAY**

*On a separate piece of paper, please write in 500 words or less, tell us something about yourself not listed on the application, and why you are deserving of a scholarship from the 705 Walnut Avenue Foundation, Inc.*

## **Declaration**

I, \_\_\_\_\_ hereby declare that the information furnished above is true and correct. If any information is found to be inaccurate, all benefits awarded to me by the 705 Walnut Avenue Foundation, Inc. will be withdrawn. I understand that any scholarship funds will be paid **directly to the University/college** and not to the student. It will be the student's responsibility to provide school information to the Directors for distribution of the funds to their college or technical school. I also consent that if chosen as a scholarship recipient, my picture may be taken and used to promote the scholarship program and Foundation. (Recipients may waive photo due to unusual or compelling circumstances.) Recipients will be listed on the scholarship funds website and other social media. I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for the 705 Walnut Avenue Foundation, Inc. Scholarship Fund.

Signature of the student: \_\_\_\_\_

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

Please email completed application and essay to:

info@705WalnutAvenueFoundation.org

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**There are no exceptions**