

PLEASE: Paper clips only

DELTA MU DELTA

2010 SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Mr. Ms. Mrs. Name SSN

Present Mailing Address

Permanent Address

(address where award notification & check will be sent)

Telephone

E-Mail

ACADEMIC RECORD AND PERFORMANCE:

Presently enrolled in: Bachelor Degree Program Masters Degree Program Doctorate Program
as: Day Student Evening Student Full-time Student Part-time Student

Major field of study

Current GPA: Current Classification Sophomore Junior Senior MBA Ph.D

Expected Date of Graduation Expected date to enter advanced program: (if applicable)

Table with 3 columns: Current College Attending (Qualifying Delta Mu Delta School), Dates, Degree(s) Granted

List all previous College(s) Attended, Dates and Degree Granted (if applicable):

Table with 3 columns: Institution, Dates, Degree(s) Granted

RECOMMENDATIONS: (MINIMUM OF TWO -- MAXIMUM OF THREE)

List names and addresses of those persons submitting written recommendations on your behalf. Encourage these persons to address the three criteria. Provide the Recommendation for Scholarship Form to those persons writing recommendations.

1. University Administrator (1 required)

(i.e. Department Head, Chair, Head of an Academic Program or Track, an officer in the Registrar or Financial Assistance Office, Dean, Vice President)

Table with 3 columns: Name, Position/ Department Name, Address

2. Professor of Business Subject or applicant's employer. (1 required)

Table with 3 columns: Name, Position/ Department Name, Address

3. Other: (Optional - maximum of 3).

DEMONSTRATED LEADERSHIP & SERVICE TO THE ACADEMIC INSTITUTION & COMMUNITY:

List offices held in organizations and any relevant honors, awards, or other special recognitions received.

Position or Recognition Received

Date(s)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CHARACTER AND ETHICAL BEHAVIOR:

OPTIONAL: DESCRIBE ANY EXTENUATING CIRCUMSTANCES:

I have read the accompanying Applicant Instructions and accept the conditions put forth by the Scholarship Committee regarding these awards from the National Chapter of Delta Mu Delta. Additionally, I certify that to the best of my knowledge the information provided on this Scholarship Application is true and correct.

I understand that if I am not already a member of Delta Mu Delta, that I am expected to become a member as soon as I become eligible.

Signature

Date

All questions on this Application must be answered.

Use attachment(s) as needed with a maximum of eight page sides which includes this application form.

Rev 08/2009