



# *The Greek Women's University Club*

## **Scholarship Application**

The eligibility criteria for the scholarship are as follows:

1. Must be female.
2. Must be either a full-time undergraduate with at least sophomore standing, or a full-time graduate student.
3. Must have at least one parent who is of Greek ancestry.
4. Must be a U.S. citizen.
5. Must be a permanent resident of the Chicago metropolitan area (75 mile radius).
6. Interview-Possibility of a personal interview. T.B.A.
7. Previous GWUC scholarship recipients are not eligible.

Instructions:

Please print (in ink) or type the following information.

In addition, please submit the following with your application:

1. An official transcript (must include cumulative grade point average).
2. A letter of recommendation from a faculty member.
3. A short essay describing your future plans and ambitions. Include in your essay who inspires you and why.
4. A letter from your school's financial aid office that specifies the amount of financial aid for which you are eligible. Please include name, address, and telephone number of your financial aid representative.
5. Send all information via regular mail to:

Dorothea Bilder  
2707 Greenwood Acres Dr.  
DeKalb, Illinois 60115  
815-756-3952

**All required materials must be postmarked no later than Monday, October 22nd, 2012.**

\*\*\*\*\*



**Section II – School Information**

7. Name of School \_\_\_\_\_

8. Address of School \_\_\_\_\_  
\_\_\_\_\_

9. Grade Level:            Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Graduate \_\_\_\_\_

10. Expected Date of Graduation \_\_\_\_\_

11. Major \_\_\_\_\_ Minor \_\_\_\_\_

12. Cumulative Grade Point Average \_\_\_\_\_ (Grade A= \_\_\_\_\_)

13. Cost of Tuition per Year \$ \_\_\_\_\_

14. Do you live on campus, off campus, or with parents? \_\_\_\_\_

    Campus Address: \_\_\_\_\_

    Campus Phone Number: \_\_\_\_\_

    Do you pay rent or room/board? \_\_\_\_\_

    Cost of rent per year? \$ \_\_\_\_\_

    Cost of room/board per year? \_\_\_\_\_

15. List of all the scholarships and financial aid that you expect to receive:

<u>Name</u>	<u>Type</u>	<u>Amount</u>	<u>Term</u>
(ex: Pell Grant)	Grant	\$1000	2007-08)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Please indicate the **total number** and **dollar amounts** of each:

Loans \_\_\_\_\_

Grants \_\_\_\_\_

Scholarships \_\_\_\_\_

Grand Total of All Financial Aid in number and dollar amounts:

\_\_\_\_\_

17. Percentage of School Expenses paid

By you? \_\_\_\_\_ %

By your parents? \_\_\_\_\_ %

By your scholarship/financial aid? \_\_\_\_\_ %

### **Section III - Family Member Information**

18. Father's Name \_\_\_\_\_

19. Father's Occupation \_\_\_\_\_

20. Employer (Name & Address) \_\_\_\_\_

\_\_\_\_\_  
(If self-employed, state name and place of business)

21. Father's Cell #/Email # \_\_\_\_\_

22. Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

23. Occupation \_\_\_\_\_

24. Employer (Name & Address) \_\_\_\_\_

\_\_\_\_\_  
(If self-employed, state name and place of business)

25. Mother's Cell #/Email # \_\_\_\_\_

26. List all siblings:

<u>Name</u>	<u>Age</u>	<u>Name of School/Grade Level (if applicable)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Section IV – Work History**

27. List your two most recent positions. Please indicate if the position was part of the Federal Work-Study Program.

<u>Employer</u>	<u>Position</u>	<u>Salary</u>	<u>Dates of Employment</u>	<u>Hrs. per week</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Section V – Special Circumstances**

28. Please use the space below to explain any unusual circumstances or high expenses. (Please add an additional sheet if you need more room.)