

Zeta Alpha Theta Chi Fraternity Helping Hand Scholarship Application

Theta Chi Member Full Name: _____

Theta Chi Collegian Email: _____

Theta Chi Collegian Cell Phone Number: _____

SRU Student ID # _____

Current Address: _____

City/State/Zip _____

Amount Requested: _____ **Date Submitted:** _____

Please explain in your own words why you are requesting Zeta Alpha Theta Chi Helping Hand Scholarship funding:

Please explain the resources that have already been exhausted prior to this request:

Is there anything else you think we need to know about your situation in order to grant funding?

Signature: _____

Cleared of conflict by Financial Aid Office: _____ **Date:** _____

Approved/Denied: _____ **Date:** _____ **If approved, amount** _____

Signatures:

Chapter President: _____

Chapter Vice President Health and Safety: _____

Chapter Scholarship Chairman: _____