

Emergency Scholarship Application

Eligibility:

* Applicant/Recipient must be an initiated member in good standing of Phi Mu Fraternity. *(Reference Constitution and Bylaws, Article 8, Section 2, A-3).*
* Applicant/Recipient must have a cumulative **GPA of 3.0** or above *(on a 4.0 scale).*
* Recipients should remain in an accredited college or university working toward a degree, credential or certificate during year. Recipients must be enrolled as full-time students as defined by their college or university.
* A member may receive no more than one scholarship per year and not more than three scholarships during her collegiate and alumnae academic career.

Instructions:

* Complete the attached application form.
* Scan or fax official transcript from each college or university attended to Phi Mu Foundation Attn: Emergency Grants Processing
* Applicants are required to submit *two* recommendations, one from the chapter adviser and one from an employer or academic source. Please use the enclosed recommendation form. This form may be emailed or faxed from the recommender directly to the Phi Mu Foundation office.

*Only completed applications will be considered.*

Please fax or email this application and all supporting documentation to:

Phi Mu Foundation

Attn: Emergency Grants Processing

[jhorne@phimu.org](mailto:jhorne@phimu.org)

Phone: 770-632-2090

Fax: 770-632-2135

*NOTE: Applicants selected as emergency scholarship recipients will be notified by e-mail. Scholarship checks will be mailed directly to the college/university to be used for academic expenses only.*

###### EMERGENCY SCHOLARSHIP APPLICATION

Chapter: Initiation Date: Anticipated Graduation Date:

Please describe why you are applying for an emergency scholarship from Phi Mu Foundation (attach additional pages if necessary).

Undergraduate Academic Data

Undergraduate applicants must be full-time students.

Major(s): Minor(s):

Degrees(s): Cumulative GPA:

Based on a maximum GPA of:

Undergraduate Institution(s):

University/College Dates Attended Major Degree

# Personal Data

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last First Middle Maiden*

What is your academic status?

Freshman Sophomore Junior Senior

Campus Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

*Street City/State/Zip Code*

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street City/State/Zip Code*

Phone Numbers (with area code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

*Home Cell*

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

##### Financial Data

Parent(s) or Guardian(s):

\*Combined family pre-tax annual income: $ # of family members in college:

Relevant Information:

\*(*This amount should come from last year’s tax returns*.)

|  |  |  |  |
| --- | --- | --- | --- |
| Projected Financial Sources for current year: | | Projected Expenses per year (not including summer school) | |
| A. Scholarships | $ | E. Tuition/Fees | $ |
| B. Parents/Spouse  Contribution | $ | F. Room and Board | $ |
| C. Your earnings in summer | $ | G. Text Books and Educational Supplies | $ |
| D. Your earnings during school year | $ | H. Other  Please Describe: | $ |
| Total A-D | $ | Total E-H | $ |
| Loan amount applied for | $ | Outstanding Loans to date: | $ |

Involvement and Recognition

Outline your involvement in the following on a separate sheet:

* Phi Mu Collegiate Chapter (include offices held and other collegiate chapter activities)
* Campus Activities/Offices Held
* Community Activities
* Academic/Other Honors and Awards
* Work Experience (for collegians-while in college)

Applicant’s Statement of Accuracy

*I certify that the information provided in this scholarship application is accurate to the best of my knowledge. (Any falsified information will immediately disqualify an applicant.)*

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

*Signature of Applicant Date*

#### ☞ Please check this application for completeness.

#### Don’t forget to include: Transcript(s) Two Recommendations



Recommendation for Emergency Scholarship Applicant

Name of Applicant: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This recommendation will be regarded as strictly confidential. Your thoroughness and care in providing the information requested are sincerely appreciated.*

Evaluate applicants on a 1 -- 5 scale (5 being the highest).

Rate only those categories relating to your knowledge of the applicant.

Leadership

Reliability

Cooperation

Enthusiasm

Contribution to Chapter

*(For collegiate chapter adviser only)*

Represents the ideals of Phi Mu

*(For collegiate chapter adviser only)*

Additional Comments (*Attach additional pages if necessary*):

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Business/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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