

PLEASE: Paper clips only

DELTA MU DELTA

2008 SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Mr. Ms. Name SSN

Present Mailing Address

Permanent Address

(address where notification of award will be sent)

Telephone

Fax (if available)

E-Mail

SCHOLASTIC ACHIEVEMENT

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

Major field of study

Current GPA: Current Classification Sophomore Junior Senior MBA Other

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

Current College Attending (Qualifying Delta Mu Delta School): Dates Degree(s) Granted

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

Institution Dates Degree(s) Granted

RECOMMENDATIONS: (A MINIMUM OF TWO TO A MAXIMUM OF FIVE)

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

1. Professor of Business Subject (1 required) Name Position/ Department Name Address

2. Suggest that second recommendation be from Head of Business Unit or other college or university officer at College or University where applicant is enrolled (i.e. Dept. Head, Chair, Head of an Academic Program or Track, an officer in the Registrar or Financial Assistance Office, Dean, Vice President) or applicant's employer. (1 required) Name Position/ Department Name Address

3. Others: (Optional - to a maximum of 5). Attach list as needed.

LEADERSHIP QUALITIES/CHARACTER

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

Recognition Received

Date(s)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

List extracurricular and service activities (campus, professional, social) including extent of activity, position, etc.

List significant work experience (most recent listed first)

Nature of Position (major duties)

Dates of Employment

Ful or Part time, # hours/week

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

FINANCIAL NEED

Indicate total anticipated educational expenses and sources of support available.

*Source of
Estimated Expenses*

Amount

*Source of
Estimated Income*

Amount

| | | | |
|---------------|----------|---------------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Total: | \$ _____ | Total: | \$ _____ |

POTENTIAL/MOTIVATION

Briefly state how you expect your education to benefit your professional career and how the receipt of a DMD Scholarship would assist in this process.

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 the information provided on this Scholarship Application is to the best of my knowledge, 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 08/2007