



# Katie Dixie Memorial Scholarship Application

Date:

<b>Name</b>		
_____	_____	_____
First	Middle	Last
<b>Address</b>		
_____		
<b>Phone</b>		
_____	_____	
Home	Other	
<b>Email</b>		
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College Chapter Name

University Name

Year of Initiation

GPA

Current Year in School

Instrument or Voice Type

Years of Study

Musical Experience

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Academic/Musical Honors

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Organizations

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Offices Held and/or Committees Chaired





## Katie Dixie Memorial Scholarship Houston Alumnae Chapter of Sigma Alpha Iota

Dear College or University Personnel,

\_\_\_\_\_ is applying for the annual scholarship awarded by the Houston Alumnae Chapter of Sigma Alpha Iota. The scholarship is awarded to a college member in good standing. Eligibility is based on undergraduate status and a GPA of 3.0.

As an official able to verify this requirement, the Houston Alumnae Chapter and the student member making application ask that you complete this form.

Please complete as promptly as possible so the student's application may be submitted for consideration. Enclose the form in an envelope, seal it and give it to the applicant for inclusion with the other application materials. Thank you.

What is the student's classification? \_\_\_\_\_

What was the previous overall GPA of this student? \_\_\_\_\_

### Comments

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

<b><u>For Scholarship Committee Use Only</u></b>
Last Name _____
Date Received _____



## Katie Dixie Memorial Scholarship Houston Alumnae Chapter of Sigma Alpha Iota

Dear Chapter Advisor or President,

\_\_\_\_\_ is applying for the annual scholarship awarded by the Houston Alumnae Chapter to a member of a college chapter in Kappa D Province. It is an established policy of the Houston Alumnae Chapter to offer this scholarship to an undergraduate chapter member who is in good standing, defined as current with all financial obligations, has fulfilled all responsibilities as a member and/or officer and has regularly attended formal meetings.

As a leader within your chapter, the Houston Alumnae Chapter and your chapter member making application ask that you complete this form and mail it to the address provided to you by your member. We wish to award an outstanding performer this scholarship, but intend to honor only those who are fulfilling the objectives of Sigma Alpha Iota.

Please complete as promptly as possible and inform your chapter member that this form has been submitted. Thank you.

Are financial obligations current? \_\_\_\_\_

Does the member regularly attend chapter meetings and contribute to the group? Please Explain.

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Has the member fulfilled the obligations of her office to which she has been elected or appointed?

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

<b>For Scholarship Committee Use Only</b>
Last Name _____
Date Received _____