

**DAVID M. BRAMMER
MEMORIAL SCHOLARSHIP AWARD
APPLICATION**

Name _____

Local Address _____

State _____ ZipCode _____

Telephone Number _____ Social Security # _____

Date of Birth _____ Marital Status _____

Home Address _____

City _____ State _____ Zip Code _____

Hours earned as of January 1 _____

Cumulative GPA _____ Major _____ Career Goal _____

Anticipated Date of Graduation _____

Do you work? _____ How many hours a week _____

Other scholarships you currently have or will receive: _____

Date of initiation into Sigma Chi active status _____

Sigma Chi offices held (give name of office and date) _____

Sigma Chi honors received (give name of honor and date) _____

Sigma Chi committees served on (give name and date) _____

UTC offices held (give name of office and date) _____

UTC honors received (give name and date) _____

UT committees served on (give name and date) _____

Community activities _____

I certify that to the best of my knowledge the above information is true.

Signature of Applicant

Date

Signature of Chapter President

Date

This application and three letters of recommendation should be submitted to the advisor to fraternities. Names and addresses of persons who will submit letters of recommendation:

1. _____

2. _____

3. _____
