

THE CHARLIE REAGAN SCHOLARSHIP FUND

For Senior
(Fourth-year) Students

The "Charlie Reagan Scholarship" Fund was made possible by a \$12,000 grant from Dr. Charles A. Reagan (Rho '25) on September 1, 1986. The first scholarship award was made available in 1988. A total of 90% of the annual income earned from the investment of this fund may be used for the scholarship award. A small amount of interest (10%) is retained so that the principal amount will grow.

Dr. Reagan was Supreme President of Xi Psi Phi Fraternity in 1946-47. Born in 1898, he attended Northwestern University Dental School in Chicago and became a member of Rho Chapter there in 1925. He wrote several books and was a truly remarkable member of Xi Psi Phi.

APPLICATION FOR SCHOLARSHIP:

Applicants must be **senior** (fourth-year) dental students. **Applications must be received in the Supreme Chapter Office no later than the first of October.** It is requested that applications be typed. Completed applications will be reviewed by a Scholarship Committee. Applications are available from your College Chapter Advisor; the Supreme Chapter Office, 160 South Bellwood Drive, Suite Z, East Alton, IL 62024; telephone: 618-307-5433; fax: 618-307-5430; or website: www.XIPSIPHI.org

SCHOLARSHIP RECIPIENT:

The scholarship is to be awarded to a **senior** dental student who is determined by the Scholarship Committee to be in the most need of assistance to help complete his/her final year in dental school. The Scholarship Committee must make the selection on the basis of satisfactory grade point average and the need for financial assistance. Only on the recommendation of the Scholarship Committee, with approval of the Supreme Chapter Board of Directors, in the event of a tie may the annual scholarship award be divided and given to two persons. Otherwise, the annual scholarship award shall remain at 90% of the income from the fund.

The recipient of the scholarship award must be a registered member in good standing of one of the College Chapters of Xi Psi Phi Fraternity. His/her name is to be published in the *Quarterly* along with a letter of acknowledgement from the recipient and a photograph of the recipient, if available. The letter should explain how the funds will be used and what the scholarship means to the recipient.

ALUMNI CONTRIBUTIONS:

Any alumni member of Xi Psi Phi Fraternity may make a contribution at any time to be added to the principal sum of the Scholarship Fund. In this way, the amount of the annual scholarship award may be increased. The terms under which the Scholarship Fund is administered may be changed or altered at the discretion of the Supreme Chapter Board of Directors.

Donors to the principal of the Scholarship Fund are to have their names published in the Fraternity's publication, the *Quarterly*, along with other "Official Notices."

CHARLIE REAGAN SCHOLARSHIP APPLICATION
XI PSI PHI FRATERNITY

**For Senior
(Fourth-year) Students**

One annual scholarship will be awarded to the **SENIOR** dental student who can show the most need to meet an emergency situation. Grade point average and class rank also are considered. Amount of the scholarship award depends on the interest received from the principal of the fund.

(PLEASE PRINT OR TYPE)

ACADEMIC (CLASS) YEAR: _____ **GRADE POINT AVERAGE:** _____

CLASS RANK/CLASS SIZE: _____ / _____ **GRADE SCALE MAXIMUM:** _____

PERSONAL INFORMATION:

Name: LAST FIRST MIDDLE

Address: STREET CITY STATE/PROV ZIP

Telephone: (____) _____

Date of birth: ___ / ___ / ___ Social Security number: ___ - ___ - ___

Spouse's full name:

Monthly income: Spouse's \$ _____ Yours \$ _____

Number of dependents (including self): _____

Own a car? _____ Year: _____ Make: _____

EDUCATION LOANS:

Creditor City & State/Prov Amount Due date Interest How long owed

ASSETS:

Description Value Amount owed Annual income from

BUDGET: (Give an estimate of your budget for the school year)

Date school year begins:

Date school year ends:

<u>INCOME</u>	<u>Amount</u>	<u>EXPENSE</u>	<u>Amount</u>
Cash on hand	\$ _____	Tuition and fees	\$ _____
Earnings	_____	Room and board	
Scholarships, etc.	_____	Books, supplies	
From relatives	_____	Clothing & laundry	
Spouse's income	_____	Personal supplies	
Other (specify)	_____	Automobile	
		Insurance payments	
		Medical/dental	
		Organizations	
Subtotal	\$ _____	Other (specify)	
Amount needed to balance budget	\$ _____		
<u>TOTAL</u>	\$ _____	<u>TOTAL</u>	\$ _____

NOTE: List cash on hand at the beginning of the school year, including savings and summer income. If earnings included room and board, please indicate with an asterisk (*) beside amount.

SCHOLASTIC RECORD (nonschool related):

Honors or awards received either as a pre-dental student or at dental school:

Office and positions of leadership:

<u>Organization</u>	<u>Position</u>	<u>Year</u>
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Your major activities and names of other organizations in which you were a member but did not hold an office:

List participation in civic activities or awards received:

APPLICANT'S STATEMENT:

I hereby certify that I am or plan to be a full-time student and am in need of financial assistance to continue my education. I further declare that:

SIGNATURE:

DATE:

SEND THIS APPLICATION TO:

Xi Psi Phi Fraternity Scholarship Committee
160 South Bellwood Drive, Suite Z
East Alton, IL 62024

APPLICATION DEADLINE IS OCTOBER 1