

THE DR. REYNOLD L. AND VIVIAN FOUTZ SCHOLARSHIP
in memory of Dr. J. Franklin Cook

For Junior
(Third-year) Students

The Dr. Reynold L. and Vivian Foutz Scholarship was made possible by a \$25,000 grant from Dr. Reynold L. Foutz (Alpha Theta '29) in April 2002. The scholarship was established in memory of Dr. J. Franklin Cook (Alpha Chapter, 1891), who served as the 18th Supreme President of Xi Psi Phi Fraternity and as a mentor to Dr. Foutz. 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. The terms under which the Foutz Scholarship Fund is administered may be changed or altered at the discretion of the Supreme Chapter Board of Directors. This scholarship is given annually to a junior dental student who is determined by the Scholarship Committee to have demonstrated academic achievement, community leadership and a need for financial assistance.

APPLICATION FOR SCHOLARSHIP:

Applicants must be **junior** (third-year) dental students. **Completed applications must be received in the Supreme Chapter Office no later than October 1.** 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; and the website: www.XIPSIPHI.org

SCHOLARSHIP RECIPIENT:

The scholarship is to be awarded by the Scholarship Committee to a **junior** dental student. The Scholarship Committee must make the selection on the basis of demonstrated academic achievement, community leadership and a 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:

At the direction of the Supreme Board of Directors and approval of Dr. Foutz, a "matching donation" campaign with a goal of an additional \$25,000 was begun in April 2002. Any Alumni member of Xi Psi Phi Fraternity may make a contribution at any time to be added to the principal sum of the Foutz Scholarship Fund. In this way, the amount of the annual scholarship award may be increased. Donors to the principal of the Foutz Scholarship Fund are to have their names published in the Fraternity's publication, the *Quarterly*, along with other "Official Notices."

**DR. REYNOLD L. AND VIVIAN FOUTZ SCHOLARSHIP
APPLICATION**

**For junior
(Third-year) Students**

XI PSI PHI FRATERNITY

One annual scholarship will be awarded to the **JUNIOR** dental student who can show academic achievement, community leadership and a need for financial assistance. Amount of the scholarship award depends on the interest received from the principal of the fund.

(PLEASE PRINT OR TYPE)

Name:

LAST

FIRST

MIDDLE

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

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

ACADEMIC HONORS:

NONSCHOOL RELATED HONORS or awards received as a pre dental student or at dental school:

LEADERSHIP ACTIVITIES:

Organization

Position

Year

NAMES OF OTHER ORGANIZATIONS in which you were a member but did not hold an office:

PARTICIPATION IN CIVIC AND/OR PHILANTHROPIC ACTIVITIES and/or
received:

awards

PERSONAL INFORMATION:

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:

<u>Creditor</u>	<u>City & State/Prov</u>	<u>Amount</u>	<u>Due date</u>	<u>Interest</u>	<u>How long owed</u>
-----------------	------------------------------	---------------	-----------------	-----------------	----------------------

ASSETS:

<u>Description</u>	<u>Value</u>	<u>Amount owed</u>	<u>Annual income from</u>
--------------------	--------------	--------------------	---------------------------

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.

APPLICANT'S STATEMENT:

I hereby certify that I am or plan to be a full-time dental student. 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