Dues Grant Criteria

Consistent with its mission to support its students in every possible way, Loyola Marymount University has created the LMU Greek Life Fund, a fund for students, alumni and friends of the University to donate to support members of LMU fraternities and sororities. From the Greek Life Fund, Dues Grants are awarded on a competitive basis to qualified initiated and new members of registered chapters pursuing undergraduate degrees at Loyola Marymount University. These grants are available to assist collegiate members who have proven financial need OR who find themselves in a sudden or unexpected financial crisis.

Eligibility:
- Applicant/Recipient must be a member in good standing of a registered chapter at Loyola Marymount University (LMU)
- Applicant/Recipient must be enrolled as a full-time student
- Applicant/Recipient must have a cumulative GPA of 3.0 or above
- Recipients should remain enrolled at LMU for the duration of the grant; should the recipient leave LMU, they are expected to return the awarded grant amount

Award Process:
The LMU Greek Life Fund Committee members read and evaluate applications based on the applicant’s financial need, scholastic record, service to their chapter and/or LMU Greek community, and campus or community involvement. Recipients are then recommended by the LMU Greek Life Fund Committee to the Senior Vice President of Student Affairs for official grant approval.

Program Process:
(a) Applications are available at the beginning of each semester and are due by the date stated on the application.
(b) Applicants will be notified via email when application has been received.
(c) Applicants will be notified of their grant status in October/February by mail to the provided permanent mailing address. If applicant’s permanent address changes prior to notification, please notify the Greek Life office directly.
(d) Should an application be incomplete, it could delay review of the applicant’s file and, in some circumstances, may be reason for declining to award grants to an otherwise deserving candidate.
(e) Dues grant checks will be directly made payable to the chapter from the University.
(f) Grants are a one-time grant of $100.
(g) Applicants must reapply to obtain grants for succeeding semesters.
(h) Recipients are expected to provide a clear, glossy photograph (headshot of applicant alone) at least 2-1/2” by 3.”. The photograph is used only for publication purposes.

Maximum Award:
No more than $100 will be awarded for the Dues Grant.

Applicants/Recipients are under no obligation to repay the grant, but should strive to make donations so that future members of the Greek community at LMU will be able to pursue their education with the help of the LMU Greek Life Fund.
PERSONAL DATA
Name: ___________________________ Student ID Number: __________
   Last        First        Middle Initial
Chapter: ________________________ Initiation Date: _______ Anticipated Graduation Date: _______
Academic Year (What will your academic status be this academic year?)
   Freshman     Sophomore     Junior     Senior
Address (Local)
Street ___________________________________________
City/State/Zip_____________________________________
Address (Permanent)
Street ___________________________________________
City/State/Zip_____________________________________
Cell Phone: ___________________________ Email: ___________________________
Do you plan on studying abroad? _______ Yes _______ No
If yes, when and where? __________________________________________

FINANCIAL DATA
Parent(s) or Guardian(s): __________________________________________
Do they contribute financial support for academic expenses? __ Yes __ No
Number of Family Members: _______ Number in College: _______
Describe any unusual family or personal circumstances that affect your financial resources for this semester:
_____________________________________________________________________

PROJECTED FINANCIAL RESOURCES FOR CURRENT ACADEMIC YEAR | PROJECTED ACADEMIC EXPENSES FOR THE ACADEMIC YEAR (NOT INCLUDING SUMMER SCHOOL)
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A. Scholarships $ | E. Tuition/Fees $ 
B. Parent Contributions $ | F. Room and Board $ 
C. Student Earnings Expectations $ | G. Textbooks and Educational Supplies $ 
D. Student Contributions from Personal Assets (savings, dividends, etc.) $ | H. Other: (describe) $ 

Total A-D $ | Total E-H $ 
(Total A-D) – (Total E-H) = $
Dues Grant Application

INVolVEMENT AND RECOGNITION

Outline your involvement in the following on a separate sheet, limited to one (1) page:
- Chapter (include offices held and other collegiate chapter activities)
- Campus Activities/Offices Held
- Community Activities
- Academic/Other Honors and Awards
- Work Experience (while in college)

PERSONAL STATEMENTS

Provide a brief personal statement on a separate sheet for the following items, limited to one (1) page in length:

1. Please describe why you are applying for a Dues Grant from the LMU Greek Life Fund.
2. What do you consider the most significant contribution you have made to the LMU Greek community, LMU or the Westchester/Los Angeles community?
3. Describe an event or experience which had a significant positive impact on your life.

APPLICANT’S STATEMENT OF ACCURACY AND RELEASE OF INFORMATION:

I certify that the information provided in this dues grant application is accurate to the best of my knowledge. (Any falsified information will immediately disqualify an applicant) I do hereby authorize Loyola Marymount University to release to the LMU Greek Life Fund Committee my academic information for verification of minimum academic standards. I hereby authorize the Office of Judicial Affairs to share my disciplinary information with Student Leadership & Development. I understand that this authorization shall remain in effect as long as I remain a member of the Greek community and am enrolled at Loyola Marymount University. If I no longer wish to have my records release, I understand that I must request that in writing with the Student Leadership and Development Office, Malone 201.

☐ Check this box if you do not want your information or picture used for promotional purposes.

________________________________________________________ Date

Signature of applicant