

***Phi Sigma Delta  
of  
Zeta Beta Tau  
Educational Award***

Date: \_\_\_\_\_

Dear Educational Award Committee:

I hereby apply for Phi Sigma Delta of Zeta Beta Tau Educational Award.

Name \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_

State/Zip \_\_\_\_\_

College/University Attending \_\_\_\_\_

Class Year \_\_\_\_\_

Major \_\_\_\_\_

Alumni Sponsor\* \_\_\_\_\_

\*An alumni sponsor must be a dues paying member of the Alumni Assn for the last two years.

Completed application must be submitted by May 30, \_\_\_\_\_. Selections to be made at our Spring/Summer Reunion. This form can be reproduced as necessary.

Please send completed application to:

Phi Sigma Delta of Zeta Beta Tau Educational Award Committee  
C/O John L. Cycz, Chairman  
23 Captain Lathrop Drive  
South Deerfield, MA 01373