



**ALPHA DELTA KAPPA EDUCATIONAL SORORITY
BETA GAMMA CHAPTER
LANCASTER, OHIO**

Alpha Delta Kappa, Ohio Beta Gamma Chapter is offering 2 educational scholarships each worth **\$1,000.00**. These scholarships are available to students planning to enter the **profession of education**.

Each applicant must meet these requirements:

1. Include a **transcript** with this application showing a cumulative grade point average of at least 3.0.
2. Be a **full time student**; either high school senior or college undergraduate student.
3. Attend a **university** that offers a **program resulting in licensure in the education profession**.
4. Be a resident of one of the following Ohio counties: **Fairfield, Franklin, Hocking, Licking, Perry or Pickaway**.
5. **Print or type the application** answering all questions and include an e-mail address that you can access.
6. Submit two references with this application form. **One reference must be a person in the field of education**. References should discuss applicant's leadership, character, dependability, motivation and personality.

**** List below the two references you are submitting with this application.**

- | <u>Name</u> | <u>Phone No.</u> | <u>How Does This Person Know You?</u> |
|-------------|------------------|---------------------------------------|
| 1. _____ | | |
| 2. _____ | | |
7. Submit a **one to two page typed autobiography**, including family, interests, and reason for pursuing a degree in the field of education.
 8. **Application, transcript, autobiography**, and the **2 letters of reference must be postmarked by March 31, 2024** to be considered by the scholarship committee.

Send to:

**Ms. Molly Hintz
(ADK Scholarship Chairwoman)
2019 Nature Way
Lancaster, Ohio 43130**

The committee will choose the scholarship recipients by **May 1, 2024**.
Scholarships will be awarded **May 21, 2024**.



**ALPHA DELTA KAPPA EDUCATIONAL SORORITY
BETA GAMMA CHAPTER
SCHOLARSHIP APPLICATION**

Student's Name _____ Age _____ Phone No. _____

Name of Parent/Guardian _____

Address (Parent/Guardian/Student) _____

City _____ State _____ Zip _____ County _____

E-mail address (that you can access) [print clearly so there is no confusion between alphabet and numbers, underscore, etc]

Which bracket of total income applies to your family?

_____ \$10,000 - \$35,000 _____ \$36,000 - \$60,000 _____ \$61,000 - \$85,000 _____ over \$85,000

Explain any extenuating circumstances that show financial need:

What **field of study in education** will you pursue? _____

What **university** do you attend or anticipate attending? _____

Briefly describe the **5 most important activities** in which you have participated at school and in your community.

Date of Application _____ Signature of Applicant: _____

Please complete both pages

Revised December 10, 2023