

 **Alpha Delta Kappa**
International Honorary Organization for Women Educators

Alpha Zeta Chapter

TO THE APPLICANT:

This scholarship is for Jefferson County, NY residents.

Please fill out the enclosed **application** completely. Failure to complete each line will void your application.

In addition to filling out the application form, we would like you to write a **letter** stating why you are pursuing a career in the field of education. Any personal information that will help us know you better would be appreciated.

We also ask you to include a **transcript** of your school grades and **two** letters of reference from school personnel regarding your academic achievement and personal character. You must have a GPA of at least 3.0 or 85% to qualify for this scholarship.

Please return your completed application by March 31, 2025 to:

Bridgit Millard
10939 State Route 26
Carthage, NY 13619
(315) 778-8658

It is required that the recipient of the scholarship be present at the Scholarship Dinner to be held in May to receive their \$500 scholarship check.



Alpha Delta Kappa
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Alpha Zeta Chapter
Scholarship Application

Applicant's Full Name: _____

Telephone Number: _____

Address: _____

Father's Name: _____

Mother's Name: _____

Gross Family Income: _____

Siblings

Age

Living At home?

Colleges to which you have applied or are attending: _____

Colleges to which you have been accepted: _____

Name of High School or Junior College you are now attending: _____

Year in School: _____

Grade Point Average: _____

Awards that you have earned: _____

Extra-Curricular Activities: _____

Community Service: _____
