ALPHA DELTA KAPPA
FLORIDA DISTRICT VII
SCHOLARSHIP APPLICATION
(to be completed by the applicant)

Part 1

I hereby apply for a $2500 scholarship offered by **ALPHA DELTA KAPPA District VII.** The scholarship is to be used for books, tuition, and fees at the college of my choice in the field of education. I am aware that the following criteria will be considered in awarding of scholarship funds: (1.) female citizen of the United States and a Monore, Miami Dade, or Broward County resident, (2.) seeking an undergraduate/master in the field of education., (3.) financial need, and (4.) a 3.0 or above grade point average. The scholarship is renewable annually, pending adequate funds and a quarterly review of grades and qualifying criteria.

I shall be responsible for completing the application and submitting the required recommendations from three instructors, two personal letters of reference, and a transcript of grades from my school(s). I may be asked to meet with the Scholarship Committee for an oral interview. In that event, I will be given prior notice as to the time and place of the interview.
Suppose I am awarded a scholarship and cannot use it or qualify for it. In that case, I shall assume the obligation of notifying the Scholarship Chairperson of **ALPHA DELTA KAPPA District VII.**

_____ _____
(Student Signature) (Date)

PART II

Name_____
Last First Middle

Address_____

Phone_____ _____
Home Cell

Birthdate_____ School Attending_____

Email_____

Parent/Guardian Information

Father's Name_____ Occupation_____

Place of Employment_____

Father's yearly income:_____

Mother's Name_____Occupation_____

Place of Employment_____

Mother's yearly income_____

Applicants yearly income_____

Number of family members supported by family income: _____

Names and positions of personal references (one must be from a current instructor)

Name:_____ Position:_____

Name:_____ Position:_____

List current and past leadership positions:_____

_____

_____

_____

List scholarships you received or expect to receive:_____

_____

_____

_____

List special honors and awards you have received or expect to receive:_____

_____

_____

_____

_____

Describe your educational and career goals. Include why you have chosen a career in education. (100 words or less). You may use a separate sheet of paper.

_____

_____

_____

_____

_____

_____

PART III

I have read the following application and declare that the information provided is accurate and complete to the best of my knowledge. I am willing for my daughter (ward) to make this application under the stipulated conditions. I agree to submit accurate information about my income and expenses if the Alpha Delta Kappa Scholarship Committee requests it.

_____ _____

Signature of Parent/Guardian Date

_____ _____

Signature of Applicant Date

DEADLINE: RECEIVED BY March 21, 2025

Send:

Completed Application _____

One Instructors' Recommendation _____

One Personal (non-family) Reference Letters _____

School Transcripts (unofficial) _____

Submit the completed application to:

Mrs. Debra Fischer
Scholarship Chairperson
Alpha Delta Kappa, District VII
14931 SW 156 Ter
Miami, FL 33187

ALPHA DELTA KAPPA
FLORIDA DISTRICT VII
Instructors' Recommendation

_____has applied for an Alpha Delta Kappa Scholarship and has given your name as a reference. If you complete and return this form, it will greatly aid the Scholarship Committee.

Course Title	When taken	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Summary Evaluation: Overall scholarly ability in comparison with a representative group of students in the same class, how do you rate the student in GENERAL SCHOLARLY ABILITY? Check one:

_____Outstanding Highest 5% _____Very Good Next Highest 10%
_____Good Upper 25% _____Average Upper 50%
_____Below Average Lower 50%

In your opinion, is the applicant's scholastic record, as you know it, an accurate index of her scholastic ability? Yes_____ No_____ Not Sure_____

Do you know of any matters about the applicant's character, integrity, responsibility, or related considerations, that should be made known to our committee?_____
_____
_____

What is your assessment of the applicant's capacity for ability to work with others?_____
_____

What is your assessment of the applicant's ability to organize and express ideas clearly in writing and orally?_____
_____

The overall recommendation of the applicant for the scholarship: Check one

_____I strongly recommend _____I recommend with reservations
_____I recommend _____I would not recommend

Signature:_____ Date:_____
Name (Print):_____ School:_____