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)		
(Otadent dignature)	PART II	(Date)		
Name				
Last	First	Middle		
Address				
Phone				
Home	Cell			
Birthdate	School Attending			
Email				
Parent/Guardian Information				
Father's Name	Oc	cupation		
Place of Employment				
Father's yearly income:				

Mother's N	lame			(Occupation	on			_
Place of E	mploymen	t							_
									_
Annlicants	vearly inc	ome							
Applicants	yearry inc	OITIC							_
Number of family	members	support	ed by family	y incom	e:				
Names and positi	ons of per	sonal re	ferences (c	ne mus	t be from	a current ir	structor)	
Name:					Pos	ition:			
Name:			Position:						
List current and p	ast leaders	ship pos	itions:						
List scholarships	you receiv	ed or ex	pect to rec	eive:					
									
									_
•	honors			you	have	received		expect	to
receive:									_
Describe your e	ducational	and c	areer goal	s. Inc	lude why	you have	chosen	a caree	in
education. (100 v			•		•	•			

PART III

I have read the following application and dec accurate and complete to the best of my knowled to make this application under the stipulated co- information about my income and expenses if Committee requests it.	ge. I am willing for my daughter (ward) onditions. I agree to submit accurate
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

Scholarship and has given your na will greatly aid the Scholarship Com	ame as a reference.	s applied for an Alpha Delta Kappa If you complete and return this form, it
Course Title	When taken	Grade
•	•	parison with a representative group of it in GENERAL SCHOLARLY ABILITY?
Outstanding Highest 5%Good Upper 25%Below Average Lower 50%		Very Good Next Highest 10%Average Upper 50%
In your opinion, is the applicant's scholastic ability? Yes		you know it, an accurate index of her Sure
Do you know of any matters about t related considerations, that should be		
What is your assessment of others?	= =	capacity for ability to work with
What is your assessment of the a writing and orally?	· ·	organize and express ideas clearly in
The overall recommendation of theI strongly recommendI recommend	I re	olarship: Check one commend with reservations ould not recommend
Signature:		Date:
Name (Print):		School: