National Sorority of Phi Delta Kappa, Incorporated

Undergraduate Scholarship Application 2025

Application MUST be submitted through the Local Chapter Scholarship Chairperson to be considered

Scholarship Form **007**

2024 - 2025

CHAPTER:		REGION:			
CITY:		STATE:		ZIP:	

- AN OFFICIAL HIGH SCHOOL TRANSCRIPT, WITH REGISTRAR'S SEAL, MUST ACCOMPANY THIS APPLICATION
- MUST SUBMIT PARENTS/GUARDIANS PROOF OF INCOME, I.E. W-2 FORM, LAST YEAR'S TAX RETURNS, GOVERNMENT EVIDENCE, ETC.

APPLICANT, PLEASE ATTACH AN INDIVIDUAL WALLET SIZE 2" X 3" COLOR PROFESSIONAL PHOTOGRAPH

(REQUIRED)

APPLICANT'S FULL NAME:					
BIRTH DATE:		AGE:			
SSN (LAST FOUR DIGITS)					
HOME ADDRESS –					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
HOME PHONE:		CELL PHONE:			
EMAIL ADDRESS:					

EDUCATIONAL INFORMATION

FROM WHICH HIGH SCHOOL WILL YOU GRADUATE?		GRADUATION DATE:	
WHAT COLLEGE DO YOU PLAN TO ATTEND?		ENROLLMENT DATE (MONTH/YEAR):	
WHICH EDUCATIONAL DEGREE DO YOU PLAN TO PURSUE?			

YOUR HONORS AND AWARDS

YOUR SCHOOL AND COMMUNITY ACTIVITIES

Please list extra-curricular and community involvement during the past three (3) to four (4) years, excluding jobs, in the order of their interest to you. Examples: student government, dramatics, athletics, debating, publications, band, Girl Scouts, 4-H Club, church groups, etc.

ACTIVITY OR ORGANIZATION	YEAR(S) OF PARTICIPATION AND/OR HOURS PER WEEK	POSITIONS/LEADERSHIP ROLES

YOUR FAMILY

PARENT OR GUARDIAN'S NAME:		PARENT OR GUARDIAN'S NAME:	
OCCUPATION:		OCCUPATION:	
STREET:		STREET:	
CITY:		CITY:	
STATE:	ZIP:	STATE:	ZIP:
* ANNUAL INCOME $:		* ANNUAL INCOME $:	

HOW MANY DEPENDENT CHILDREN, INCLUDING YOURSELF, ARE SUPPORTED BY YOUR PARENTS OR GUARDIANS?

* *Proof of income, i.e. W-2 form, last year's tax returns; statement of income from appropriate government agency, employer, verification of homeless status/unemployment or child support, etc. Applications will not be scored without required documentations*.

LETTERS OF RECOMMENDATIONS

Two (2) letters of recommendation with original signature required, one of which must be from a school official.

NAME:		NAME:	
TITLE:		TITLE:	

REQUIRED ESSAY

Personal Statement: In a well-developed paragraph respond to the following prompt. What has motivated you to pursue a career in the field of education? What area of education are you interested in pursuing? Why do you want to go into the field of Education? Word limit is 200 words

VALIDATION FORM

I did receive and fully understand the **Rules, Regulations**, and **Eligibility Requirements** of the undergraduate scholarship which is for applicants who are pursuing studies in the field of education. I further understand all documentation becomes the property of the National Sorority of Phi Delta Kappa, Incorporated; and, my photo may be used for publication.

APPLICANT'S SIGNATURE:		DATE:	
PARENT'S/GUARDIAN'S SIGNATURE:		DATE:	

LOCAL SCHOLARSHIP CHAIR NAME:	Linda Burroughs		
LOCAL SCHOLARSHIP CHAIR SIGNATURE:		DATE:	
CHAIR EMAIL:	lindajburroughs@gmail.com		
BASILEUS NAME:	Janice McIntosh		
BASILEUS SIGNATURE:		DATE:	