

ALPHA DELTA KAPPA

2024-2025 SCHOLARSHIP APPLICATION

This scholarship is for a graduating senior of LHS whose goal is to become an elementary or secondary teacher.

1. _____
Full Name Of Applicant Phone Number Date Of Birth

2. _____
Address City, State, Zip

3. _____
Email Address Name of High School

4. _____
Father/Guardian's Name Mother/Guardian's Name

5. _____
Address Address

6. _____
Occupation Occupation

<u>Names Of Brothers And Sisters</u>	<u>Age</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Personal Qualifications:

a. GPA: _____

b. Extracurricular activities participated in during high school:

c. Memberships and/or positions held:

d. Experience in working with children:

8. Employment held during high school, including summer, paid or unpaid:

9. Letters Of Recommendation: Please include a high school instructor or supervising teacher, an employer, if possible, and one other from an adult not related to you. *(List the names and phone numbers of your three references below.)*

10. Award: A \$700.00 scholarship to be used to further your education at an accredited school will be awarded.

Additional Comments:

I certify that all the statements in this application are correct to the best of my knowledge.

Signature Of Applicant

Signature Of Parent

Date

Date