ALPHA DELTA KAPPA EDUCATIONAL SORORITY
BETA GAMMA CHAPTER
LANCASTER, OHIO

ENERGY • OPPORTUNITY • IMPACT

Alpha Delta Kappa, Ohio Beta Gamma Chapter is offering 2 educational scholarships each worth **$1,000.00.** These scholarships are available to students planning to enter the **profession of education**.

Each applicant must meet these requirements:

1. Include a **transcript** with this application showing a cumulative grade point average of at least 3.0.
2. Be a **full time student**; either high school senior or college undergraduate student.
3. Attend **a university** that offers a **program resulting in licensure in the education profession**.
4. Be a resident of one of the following Ohio counties: **Fairfield, Franklin, Hocking, Licking, Perry** or **Pickaway.**
5. **Print or type the application** answering all questions and include an e-mail address that you can access.
6. Submit two references with this application form. **One reference must be a person in the field of education**. References should discuss applicant's leadership, character, dependability ,motivation and personality.

** List below the **two references** you are submitting with this application.

Name _____ Phone No. _____ How Does This Person Know You?

1. _____

2. _____

7. Submit a **one to two page typed autobiography**, including family, interests, and reason for pursuing a degree in the field of education. If you are a previous recipient, please include your past year's experiences.
8. **Application**, **transcript**, **autobiography**, and the **2 letters of reference must be postmarked** by **March 27, 2026** to be considered by the scholarship committee.

Send to:

Ms. Molly Hintz
(ADK Scholarship Chairwoman)
2019 Nature Way
Lancaster, Ohio 43130

The committee will choose the scholarship recipients by **May 1, 2026**.
Scholarships will be awarded **May 19, 2026**.

Revised January 8, 2026

ALPHA DELTA KAPPA EDUCATIONAL SORORITY
BETA GAMMA CHAPTER
SCHOLARSHIP APPLICATION

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Student's Name_____ Age_____ Phone No._____

Name of Parent/Guardian_____

Address (Parent/Guardian/Student)_____

City_____ State_____ Zip_____ County_____

E-mail address (that you can access) [print clearly so there is no confusion between alphabet and numbers, underscore, etc]

_____

Which bracket of total income applies to your family?

____$10,000 - $35,000 ____$36,000 - $60,000 ____$61,000 - $85,000 _____ over $85,000

Explain any **extenuating circumstances that show financial need**:

_____

_____

_____

_____

_____

_____

What **field of study in education** will you pursue? _____

What **university** do you attend or anticipate attending? _____

Briefly describe the **5 most important activities** in which you have participated at school and in your community.

_____

_____

_____

_____

_____

_____

Date of Application_____ Signature of Applicant:_____

Please complete both pages

Revised January 8, 2026