

ALPHA DELTA KAPPA  
BETA MU CHAPTER  
SCHOLARSHIP AWARD

Alpha Delta Kappa is an honorary sorority for women educators. Our goal is to support education and teachers. The Beta Mu Chapter will give one scholarship in the amount of \$500.00 in the spring of 2020 to a Brevard County student of promise. Extra consideration will be given to a student majoring in Education.

Applicants will be judged on the basis of academic ability and performance, character, leadership and extracurricular activities.

Forms must be mailed to Deborah King, 4037 Meander Place, Unit 102, Rockledge, FL 32955 and postmarked by Friday, March 6, 2020. Late applications will not be considered.

**REQUIREMENTS FOR APPLICANT**

1. Must be a female senior graduating from a Brevard County High School and planning to attend a four-year university or a State College in Florida.
2. Must have a 3.3 state unweighted grade point average or higher in high school.
3. Must have an ACT or SAT official score report or score included on official transcript.
4. Must include official high school transcripts of grades 9 - 11 and first semester of 12<sup>th</sup> grade.
5. Must include two letters of recommendation: one should be from a guidance counselor, teacher or member of Florida Alpha Delta Kappa, and the other a personal reference of applicant's choice.
6. Must have been accepted to a university or State College in Florida before receiving the scholarship award in April. A copy of her acceptance letter must be received before the scholarship check is awarded.
7. All sections of the application must be completed.

**Note:** Scholarship check will be awarded at the April meeting of Beta Mu Chapter where the attendance of the recipient is requested.

APPLICANT DATA

Name	Last	First	Middle Initial	Social Security Number
Permanent Address	Street		City	Zip
( )				
Telephone Number		Date of Birth (Month, Day, Year)		E-Mail Address
Name of Parent/Guardian				
Permanent Mailing Address of Guardian (If Different From Applicant)	Street		City	Zip
( )				
Telephone Number		Family Member in Alpha Delta Kappa (Optional)	Chapter and Relationship	

I consent to the release of my child's school transcript to the Florida Alpha Delta Kappa Scholarship Committee.

Applicant Signature

Parent Signature (If Under 18 Years)

Name of Reference

Address

Name of Reference

Address

Indicate your plans as they relate to your educational, career objectives and future goals.  
 Confine response to space below; write or type and adhere with nonglare tape.

I verify that all statements on this application are accurate and current.

Signature

Date