Alpha Delta Kappa International Teacher's Sorority

New York – Alpha Chapter

Annual Scholarship Awards - 2025

The New York – Alpha Chapter of Alpha Delta Kappa will award several \$1000.00 scholarships to high school seniors who will begin college in the fall of 2025.

Candidates are to have been accepted into an accredited two or four-year professional program leading to an Associate's or Bachelor's Degree. Awards will be based on several criteria including ACADEMICS and FINANCIAL NEED.

Requirements:

- A completed application form
- An official high school transcript (transcript must be embossed with a school seal and received in a sealed school envelope to be considered official)
- A legibly written or typed essay of at least <u>300</u> words on your <u>anticipated choice</u> of college studies.

To be eligible, students must attend Niagara Falls High School or, if attending another high school, be related to a member of Alpha Delta Kappa.

Completed applications should be submitted to:

Mrs. Tricia Hennegan 9111 Hennepin Avenue Niagara Falls, New York 14304

Deadline for applications is <u>Friday</u>, <u>March 21</u>, <u>2025</u>. Applications postmarked after the March 21st deadline will not be accepted.

Recipients will be notified by mail.

Recipients will be awarded their checks upon proof of enrollment from the college or university he/she will be attending.

Alpha Delta Kappa Scholarship Application New York State – Alpha Chapter

Name		Date of Birth	
Address			
Street	City	State	Zip Code
Telephone Number			
Father's Name		Occupation	
Place of Employment			
Mother's Name		Occupation	
Place of Employment			
Name of Alpha Delta Kappa rela	ative (if applicable)		
Chapter	Relationshi	0	
Number of siblings	_		
Name	Age	School	Living at home
High School you are currently a	ttending		
Current ranking in your graduat	ing class		
Your cumulative average	V	veiahted	unweighted

List your activities and awards under the corresponding headings (attach additional sheets needed).
a.) School Extra Curricular Activities (Academic, Athletic, etc):
b.) Community Activities (Scouts, Church, etc):
c.) Academic Awards or other recognitions:
List colleges and universities to which you have applied to and state if you have been accepted:
State course of study and degree desired:
List any scholarship or grants that you have already been awarded:

List your work experience:

Employer	Type of Work	Length of Service
Please provide additional information (optional).	tion that affects your need for financial assis	stance
I certify that the information inclumy knowledge.	uded in this application is true and accurate	to the best of
Signature of Applicant	Date	
Signature of Parent	Date	