Alpha Delta Kappa International Teacher's Sorority

New York – Alpha Chapter

Annual Scholarship Awards

The New York – Alpha Chapter of Alpha Delta Kappa will award several \$750 scholarships to high school seniors who will begin college in the fall of 2019.

Candidates are to have been accepted into an accredited two or four-year professional program leading to an Associate's or a 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
- A written essay of at least <u>300</u> words on your <u>anticipated choice of college</u> studies.
- Application must be post-marked by due date to be considered.

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. Christine Bialik 6892 Joanne Circle Niagara Falls, New York 14304

Deadline for applications is **Friday**, **March 15**, **2019**.

Recipients will be notified by mail.

Scholarships will be awarded at a dinner to be held on **Wednesday**, **May 8,2019**.

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	p	
Number of siblings	_		
Name	Age	School	Living at home
High School you are currently a	ttending		
Current ranking in your graduat			
Your cumulative average			

List you needed	ur activities and awards under the corresponding headings (attach additional sheets if).
a.) \$	School Extra Curricular Activities (Academic, Athletic, etc):
_	
_	
b.) (Community Activities (Scouts, Church, etc):
_	
_	
c.) /	Academic Awards or other recognitions:
_	
_	
List coll accepte	leges and universities to which you have applied to and state if you have been ed:
-	
_	
State co	ourse of study and degree desired:
List any recieve	scholarship or grants that you have already been awarded or are expecting to:
-	
-	

List your work experience:

Employer	Type of Work	Length of Service
Please provide additional information (optional).	ation that affects your need for financial ass	istance
,		
	luded in this application is true and accurate	to the best of
my knowledge.		
Signature of Applicant	Date	
Signature of Parent		