



NATIONAL SORORITY OF PHI DELTA KAPPA, INC.

"To Foster a Spirit of Sisterhood among Teachers and to Promote the Highest Ideals of the Teaching Profession"

Delta Lambda Chapter

RULES, REGULATION AND ELIGIBILITY REQUIREMENTS FOR SCHOLARSHIP

1. The applicant shall be an African American female or male who plans to enter college for professional training in the field of education.
2. The applicant shall show evidence of need by declaring family size and family income.
3. The applicant shall rank in the top quartile of her or his class.
4. The applicant shall be a graduating senior at the time she or he submits the application.
5. The applicant must submit a transcript of her or his high school credits and SAT scores. (SAT must be taken not later than December of the year preceding her or his graduation.)
6. The ACT score will be substituted only in areas where the SAT is not administered.
7. The applicant must apply through one of the sorority's members by April 14th.
8. Winner must select an accredited school.
9. The \$500.00 award will be made payable to the student providing she or he maintains a "B" average.
10. The scholarship chapter person will request verification from the college that the student has maintained a "B average.
11. Applicants must complete each item on the application form, including career goals.
12. Failure to adhere to the stated rules and regulations disqualify an applicant.
13. **Candidates may secure applications from a Guidance Counselor or the scholarship chairperson by contacting:**
Mrs. Jean Barksdale, Scholarship Chairperson
National Sorority of Phi Delta Kappa, Inc.
Delta Lambda Chapter
P.O. Box 189
Pleasantville, NJ 08234
(609) 641-2825



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Annual Educational Scholarship Award Application

A. Applicant: (Please use Black or Blue ink and print)

1. Name in Full: Miss/Mr. _____
First Middle Last

2. Home Address _____ 3. Phone (_____) _____
Number and Street Area Code Number

4. _____
City State ZIP Code

5. Your Age _____ 6. Birthdate _____

B. Your Education:

List in chronological order all schools attended during the last four years:

<u>Name of School</u>	<u>Location</u>	<u>Dates of Attendance</u>

From what high school will you graduate? _____ When? _____ 2018

What college do you plan to attend? _____

What is your career goal? _____

What course of study (Major) would you like to follow in college? _____

List any honors received in high school: _____

C. Your Activities:

Please list more of your extracurricular and community activities, excluding jobs, during the past three or four years in order of their interest to you. **EXAMPLE:** student government, dramatics, athletics, debating, publications, band or orchestra, sorority, Girl Scouts, 4/H Club, church groups, Red Cross, etc.

Activities	Approx. Dates of participation	Approx. Hrs. spent per wk.	Positions held, honors won, etc.

D. Your Work Experience:

Please list jobs (including summers) you have held in the past 3 or 4 years.

Job and kind of work	Employer	Summer or School year	Date of employment	Hours per wk.

E. Your Family:

<u>Name and complete address</u>	<u>Living or Deceased</u>	<u>Occupation</u>	<u>Income (Required)</u>
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Father: _____

Address: _____ City _____ State _____ ZIP Code _____

Mother: _____

Address: _____ City _____ State _____ ZIP Code _____

Guardian: _____

Address: _____ City _____ State _____ ZIP Code _____

Names of sisters and brothers: _____

How many are supported by your parents? _____ Total number of persons living in your household _____

PLEASE CHECK CAREFULLY TO BE SURE YOU HAVE ANSWERED ALL CATEGORIES.

Date _____ Applicant's Signature _____

This form, when completed, should be returned to:
Mrs. Jean Barksdale, Scholarship Chairperson
National Sorority of Phi Delta Kappa, Inc.
Delta Lambda Chapter
P.O. Box 189
Pleasantville, NJ 08232



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MEMORANDUM

Date: February 20, 2018

To: Ms. Laurie Carter, Lead Counselor
Atlantic City High School

From: Mrs. Jean Barksdale
Delta Lambda Chapter Scholarship Chairperson
P.O. Box 189
Pleasantville, NJ 08232

Subject: Request for Transcript

One of your graduating senior females or males whose signature appears below, has applied for one of our Delta Lambda Annual Scholarship Awards. Applicants for the scholarships are required to submit proof of their high school education. Other criteria include: grade point average, SAT or ACT scores, honors, activities and financial need.

The record will be kept in strict confidence and used only by the National Sorority of Phi Delta Kappa, Inc. Delta Lambda Chapter Scholarship Committee to determine winners. The applicant has indicated, by her or his signature below, approval of this request.

Thank you for your cooperation.

Applicant's Signature: _____

Address: _____

City/State/Zip: _____

(Applicant: Please ask your counselor to attach a copy of your transcript to this form and forward to the above address.