

# 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 2018.

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 300 words on your **anticipated choice of college studies.**

To be eligible, students must attend Niagara Falls High School, Niagara Catholic 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 **Thursday, March 15, 2018.**

Recipients will be notified by mail.

Scholarships will be awarded at a dinner to be held on **Wednesday, May 9, 2018.**

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 relative (if applicable) \_\_\_\_\_

Chapter \_\_\_\_\_ Relationship \_\_\_\_\_

Number of siblings \_\_\_\_\_

Name	Age	School	Living at home
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

High School you are currently attending \_\_\_\_\_

Current ranking in your graduating class \_\_\_\_\_

Your cumulative average \_\_\_\_\_ weighted \_\_\_\_\_ unweighted

List your activities and awards under the corresponding headings (attach additional sheets if needed).

a.) School Extra Curricular Activities (Academic, Athletic, etc...):

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b.) Community Activities (Scouts, Church, etc...):

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c.) Academic Awards or other recognitions:

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List colleges and universities to which you have applied to and state if you have been accepted:

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State course of study and degree desired: \_\_\_\_\_

List any scholarship or grants that you have already been awarded:

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List your work experience:

Employer	Type of Work	Length of Service

Please provide additional information that affects your need for financial assistance (optional).

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I certify that the information included in this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date