



National Sorority of
Phi Delta Kappa, Inc.

Undergraduate Scholarship Application 2020

Application MUST be submitted through the
Local Chapter Scholarship Chairperson to be considered

Scholarship Form

007

2020 - 2021

CHAPTER:	Delta Phi	REGION:	Eastern
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CITY:	New Haven	STATE:	CT	ZIP:	06533
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- AN OFFICIAL HIGH SCHOOL TRANSCRIPT, WITH REGISTRAR'S SEAL, MUST ACCOMPANY THIS APPLICATION
- MUST SUBMIT PARENTS/GUARDIANS PROOF OF INCOME, I.E. W2 FORM, LAST YEAR'S TAX RETURNS, GOVERNMENT EVIDENCE, ETC.

<p>APPLICANT, PLEASE ATTACH AN INDIVIDUAL WALLET SIZE 2" X 3" COLOR PROFESSIONAL PHOTOGRAPH (REQUIRED)</p>	APPLICANT'S FULL NAME:				
	BIRTH DATE:			AGE:	
	SSN (LAST FOUR DIGITS)				
	HOME ADDRESS –				
	STREET ADDRESS:				
	CITY:			STATE:	
	HOME PHONE:			CELL PHONE:	
	EMAIL ADDRESS:				

EDUCATIONAL INFORMATION

FROM WHICH HIGH SCHOOL WILL YOU GRADUATE?			GRADUATION DATE:	
WHAT COLLEGE DO YOU PLAN TO ATTEND?			ENROLLMENT DATE (MONTH/YEAR):	
WHICH EDUCATIONAL DEGREE DO YOU PLAN TO PURSUE?				

YOUR HONORS AND AWARDS

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YOUR SCHOOL AND COMMUNITY ACTIVITIES

Please list extra-curricular and community involvement during the past three (3) to four (4) years, excluding jobs, in the order of their interest to you. Examples: student government, dramatics, athletics, debating, publications, band, Girl Scouts, 4-H Club, church groups, etc.

ACTIVITY OR ORGANIZATION	YEAR(S) OF PARTICIPATION AND/OR HOURS PER WEEK	POSITIONS/LEADERSHIP ROLES

YOUR FAMILY

PARENT OR GUARDIAN'S NAME:		PARENT OR GUARDIAN'S NAME:	
OCCUPATION:		OCCUPATION:	
STREET:		STREET:	
CITY:		CITY:	
STATE:		STATE:	
ZIP:		ZIP:	
* ANNUAL INCOME \$:		* ANNUAL INCOME \$:	

HOW MANY DEPENDENT CHILDREN, INCLUDING YOURSELF, ARE SUPPORTED BY YOUR PARENTS OR GUARDIANS? _____

** Proof of income, i.e. W2 form, last year's tax returns; statement of income from appropriate government agency, employer, verification of homeless status/unemployment or child support, etc. Applications will not be scored without required documentations.*

LETTERS OF RECOMMENDATIONS

Two (2) letters of recommendation with original signature required, one of which must be from a school official.

NAME:		NAME:	
TITLE:		TITLE:	

VALIDATION FORM

I did receive and fully understand the **Rules, Regulations, and Eligibility Requirements** of the undergraduate scholarship which is for applicants who are pursuing studies in the field of education. I further understand all documentation becomes the property of the National Sorority of Phi Delta Kappa, Incorporated; and, my photo may be used for publication.

APPLICANT'S SIGNATURE:		DATE:	
PARENT'S/GUARDIAN'S SIGNATURE:		DATE:	

LOCAL SCHOLARSHIP CHAIR NAME:	Felicia Williams		
LOCAL SCHOLARSHIP CHAIR SIGNATURE:		DATE:	
CHAIR EMAIL:	Feliciapdk@gmail.com		
BASILEUS NAME:	Kimberly Phillips		
BASILEUS SIGNATURE:		DATE:	