



National Sorority of Phi Delta Kappa, Inc

“To Foster a Spirit of Sisterhood Among Teachers and to Promote the Highest Ideas of the Teaching Profession”

UNDERGRADUATE SCHOLARSHIP AWARDS
Annual Awards for Males and Females - \$12,000 per Region
Eastern, Southeast, Midwest, Southwest, Far West
\$6,000 per student

RULES, REGULATIONS AND ELIGIBILITY REQUIREMENTS

The Applicants shall:

- Be a female or male who plans to enter college for training in the **Field of Education**.
- Complete the Undergraduate Scholarship Application.
- Show evidence of need by declaring family size and proof of family income (W2 or 1040)
- Be a graduating senior at the time application is submitted.
- Submit an official high school transcript with the Registrar's seal.
- Submit official SAT/ACT scores
- Attach a photograph (headshot) to the application. (Failure to send a photo will disqualify the application.)
- Apply through a Local Chapter Scholarship Chairperson in accordance with prescribed deadlines.

The Scholarship Recipients:

- Will be the highest scoring female and male in each of the five regions.
- Must select and attend accredited colleges or universities.
- Will receive the \$6000 award in increments of \$1000 per school year in years one and two, then \$2000 in years three and four, provided the recipient maintains a minimum grade point average of 2.5 while pursuing a degree in the field of education.

Any recipient who **does not** adhere to the Rules, Regulations and Eligibility Requirements will be disqualified.

Deadlines: Applications are due to the local Scholarship chairperson by **January 18, 2019**.

Local Scholarship Chair Name Sandra Mims / Opal Hampton.

Send Application to Mailing Address 2530 Vista Laguna Terrace.

City, State, Zip Pasadena, CA 91103.

Chapter Name Gamma Lambda.

Phone Number 626-798-7003.



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UNDERGRADUATE SCHOLARSHIP APPLICATION

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

<p>Attach an individual wallet size 2.3 color professional photograph</p> <p style="text-align: center;">(Required)</p>	<p>Chapter</p> <p><u>GAMMA LAMBDA</u></p> <p>City, State, Zip</p> <p><u>Pasadena, CA 91103</u></p> <p>Region</p> <p><u>FAR WESTERN</u></p>						
<ul style="list-style-type: none"> 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’s Full Name Please print</p>							
<p>Home Address City, State, ZIP</p>							
<p>Contact Information</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Email Address</td> <td style="width: 20%;">Cell Phone</td> <td style="width: 40%;">Home Phone</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table>	Email Address	Cell Phone	Home Phone			
Email Address	Cell Phone	Home Phone					
<p>Gender</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Age</td> <td style="width: 20%;">Birth Date</td> <td style="width: 60%;">SS# (last four digits)</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table>	Age	Birth Date	SS# (last four digits)			
Age	Birth Date	SS# (last four digits)					
EDUCATIONAL INFORMATION							
<p>From which high school will you graduate?</p>	<p>Graduation Date</p>						
<p>What college do you plan to attend?</p>	<p>Enrollment Date (Month/Year)</p>						
<p>Which educational degree do you plan to pursue?</p>							
YOUR HONORS AND AWARDS							
<hr/> <hr/> <hr/>							

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
Address	Address
City, State, ZIP	City, State, 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/Title	Name/Title
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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 _____

Parents/Guardians Signature _____ Date _____

LOCAL SCHOLARSHIP CHAIR

SIGNATURE: _____ Date _____

Basileus Signature:

_____ Date _____

Chairperson Email

_____ Date _____

