



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”

WINNIE PALMER SCHOLARSHIP APPLICATION

TO: Scholarship Applicant
SUBJECT: The Winnie Palmer Memorial Scholarship

The Far Western Region of the National Sorority of Phi Delta Kappa, Inc. awards each year the Winnie Palmer Memorial Scholarship to students who have demonstrated outstanding service to their school and community. Four awards will be given:

- First Place - Female and Male winners will receive seven hundred and fifty dollars (\$750)
- Second Place - Female and Male winners will receive five hundred dollars (\$500)

Attached is a scholarship application. Complete all information requested. Incomplete information will result in the application being ineligible.

Completed application is to be returned by **February 15, 2019** to:

Chapter Gamma Lambda

Scholarship Chair Opal Hampton/Sandra Mims Telephone 626-798-7003

Address: 2530 Vista Laguna Terrace, Pasadena, CA 91103

The National Sorority of Phi Delta Kappa, Inc. Far Western Regional Scholarship Committee ensures confidentiality of scholarship information.

CUT HERE AND ATTACH TO SCHOLARSHIP APPLICATION

I authorize the National Sorority of Phi Delta Kappa, Inc. Far Western Regional Scholarship Committee to review the information submitted for the purpose of scholarship competition.

Application's Signature _____ Date _____



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WINNIE PALMER MEMORIAL SCHOLARSHIP

Scholarship Application Form

Sponsoring Chapter Gamma Lambda

A. Applicant (Please print in ink or type)

Full Name: Ms/Mr. _____

Home Address _____

City _____ State _____ Zip _____

Home Phone Number () _____ Email _____

Age _____ Birth date _____

B. Education

Name of school you will graduate from _____

When will you graduate? January, Year _____ June, Year _____

What college do you plan to attend? _____

What will be your major? _____

C. List academic honors and awards (3 maximum). Attach documentation-if documentation is not available, verification from Counselor (Signature) will be required.

Counselor Signature _____

- _____
- _____
- _____

**D. List extra-curricular activities (4 maximum).
(Example: sports, clubs, etc.)**

- _____
- _____
- _____
- _____

E. List community services activities outside of school (5 maximum). Example of volunteer activity – hospital, community centers, food banks, etc...

- _____
- _____
- _____
- _____
- _____



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Counselor/College Advisor Form

This form is to be completed by your Counselor/College Advisor.

Student completes this part:

Student _____

High School _____

Address _____

Telephone Number _____ Email _____

Counselor completes this part:

Please provide the following information if not on transcript.

Cumulative GPA (Non-weighted) _____ Test Scores: SAT _____ or ACT _____

Recommendation: (Use additional paper if needed or attach letter to this form.)

Counselor’s Signature

Date