

# ALPHA DELTA KAPPA

INTERNATIONAL HONORARY ORGANIZATION  
FOR WOMEN EDUCATORS  
ALPHA CHAPTER, ALLENTOWN, PENNSYLVANIA

## Memorial Scholarship Award

1. Name  
Alpha Delta Kappa Memorial Scholarship Award
2. Amount  
The amount of the award will be **\$1500 (\$750** each semester for one year).  
Verification of enrollment will be needed prior to each semester so a check can be mailed to you.
3. Purpose  
The purpose of the award is to financially assist a student who is pursuing a career in the **Field of Education**.
4. Eligibility  
The award will go to a student whose scholarship, citizenship, character, and leadership qualities indicate the ability to succeed in higher education. Financial need will be considered.
5. Deadline  
**Applications sent by mail must be postmarked by April 15th. Applications done online must be received no later than April 15<sup>th</sup>. Any applications received after this date will not be considered.**
6. Selection  
The selection will be made by the Scholarship Committee of Alpha Chapter.
7. All applicants will be notified by May 15<sup>th</sup>

**APPLICATION  
MEMORIAL SCHOLARSHIP AWARD  
ALPHA CHAPTER, ALLENTOWN, PENNSYLVANIA**

Date of Application \_\_\_\_\_ Name and Location of High School \_\_\_\_\_ Name of Guidance \_\_\_\_\_

Counselor \_\_\_\_\_

Name of applicant \_\_\_\_\_  
(please print) (Last) (First) (Middle)

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name of Father \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Siblings' Name(s)	AGE	At Home (yes or no)	Currently in College? (indicate)

Your Activities:

School-related: Activity

Office Held


Community:


Other:


Position of employment. Indicate average time employed each week.


Please check one of the following that describes your family's total financial income: \_\_\_\_\_ under

\$40,000 \_\_\_\_\_ \$40,000-\$60,000 \_\_\_\_\_ over \$60,000

I have been accepted by and will be attending:

Name of College \_\_\_\_\_

beginning, Date \_\_\_\_\_

majoring in \_\_\_\_\_

List below any scholarships or financial aid you will be receiving upon entering college.


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

Print Name \_\_\_\_\_

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

Print Name \_\_\_\_\_

**Please write an essay of 100 words or less, explaining why you have chosen the field of Education.**

**Return your completed application with your high school transcript to:**

Altruism Chairperson  
AΔK – PA Alpha Chapter  
Scholarship Program  
ADKAlpha54@gmail.com

**Deadline Date: April 15th. Any application received after this date will not be considered.**

Revised 1/2022