

2022
ALPHA DELTA KAPPA SORORITY
Alpha Beta Chapter
Scholarship Application for an Education Major

Name: _____

Address: _____

City/State: _____

Telephone: _____

Parent(s) Name: _____

Parent(s) Occupations: _____

Siblings and ages: _____

High School: _____

GPA, based on a 4.0 scale: _____

Extra-Curricular Activities: _____

Future college and course of study: _____

Please include a paragraph including your short and long-term goals and your reason for choosing education as a field of study. Attach the paragraph to this form along with your high school transcript. Letters of reference are encouraged. The application must be **post-marked by April 1.**

Mail to: Fran Dembski, Scholarship Committee
9944 Pasco Montra Road
Sidney, OH 45365
Questions to Judy Young—937-470-1307