

Alpha Delta Kappa Scholarship Application

Name: _____ HS GPA: _____

Address: _____ Birth Date: _____

Telephone Number: _____ Cell Phone Number: _____

Parent or Guardian: _____

Address (if different than above) _____

Mother's Employment: _____ Father's Employment: _____

Occupational Interest: _____

Would you be willing to attend an Alpha Delta Kappa Function? _____

To assist the selection committee in making a decision, please tell us something about yourself and your reasons for making this application.

Please include the following with your application:

1. An autobiography in your own words and a recent photograph of yourself (for publication purposes).
2. A statement of the activities in which you have participated in school, church, and or community.
3. Two references none of which should be from a family member.

A scholarship of \$500.00 will be awarded if selected. A check will be issued to you after enrollment verification has been received.

Please submit this application by April 1 to:

Susan Duffee
823 Holbrook Dr,
Boone, IA 50036

Please direct any question to Susan: 515-298-2026