



National Sorority of
Phi Delta Kappa, Inc.

Undergraduate Scholarship Awards Rules, Regulations, and Eligibility Requirements

Scholarship Form

005

2022 - 2023

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

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.
- Any fraudulent activity will forfeit the scholarship.
- No emailed documents are accepted.

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.
- Scholarship Recipients must complete an Internal Revenue Service (IRS) W-9 form.

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 29, 2023.

Local Scholarship Chair, please complete the information in this area BEFORE DISTRIBUTING applications.				
LOCAL SCHOLARSHIP CHAIR NAME:		Tonya Howard		
PHONE:	251 751-3511	EMAIL ADDRESS:	tonya.howard@mps.k12.al.us	
SEND APPLICATIONS TO MAILING ADDRESS:				
STREET ADDRESS:		5628 Sweet Meadow Drive		
CITY:	Montgomery	STATE:	AL	ZIP: 36117



National Sorority of
Phi Delta Kappa, Inc.

Undergraduate Scholarship Application 2023

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

Scholarship Form

007

2022 - 2023

CHAPTER: _____ REGION: _____

CITY: _____ STATE: _____ ZIP: _____

- 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.

APPLICANT, PLEASE
ATTACH AN INDIVIDUAL
WALLET SIZE
2" X 3" COLOR
PROFESSIONAL PHOTOGRAPH

(REQUIRED)

APPLICANT'S FULL NAME: _____

BIRTH DATE: _____ AGE: _____

SSN (LAST FOUR DIGITS) _____

HOME ADDRESS – _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

EDUCATIONAL INFORMATION

FROM WHICH HIGH SCHOOL
WILL YOU GRADUATE? _____ GRADUATION
DATE: _____

WHAT COLLEGE DO YOU
PLAN TO ATTEND? _____ ENROLLMENT DATE
(MONTH/YEAR): _____

WHICH EDUCATIONAL DEGREE DO YOU PLAN TO PURSUE? _____

YOUR HONORS AND AWARDS

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:	
STREET:		STREET:	
CITY:		CITY:	
STATE:		STATE:	
ZIP:		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:		NAME:	
TITLE:		TITLE:	

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:	
PARENT'S/GUARDIAN'S SIGNATURE:		DATE:	
LOCAL SCHOLARSHIP CHAIR NAME:			
LOCAL SCHOLARSHIP CHAIR SIGNATURE:		DATE:	
CHAIR EMAIL:			
BASILEUS NAME:			
BASILEUS SIGNATURE:		DATE:	