

**ALPHA DELTA KAPPA
Gamma Gamma Chapter
Memorial Scholarship**

MEMO TO: Seminole County Schools Guidance Counselors

FROM: Alpha Delta Kappa Sorority -- Gamma Gamma Chapter

DATE: February 2025

SUBJECT: Scholarship for senior females with intent to enter the field of education

Please make the attached application for the Alpha Delta Kappa Scholarship available to **graduating senior females who have expressed intent to enter into the field of education.**

Alpha Delta Kappa is pleased to award its scholarship in the Spring of 2025. This award should be a surprise to the student who will be recognized during the high school awards night ceremony.

Please send the completed application, one-page statement of need, GPA class rank, SAT/ACT scores with counselor signature and two letters of recommendation received by **March 1st, 2025** to:

Jenny Burrell, Scholarship Chairperson
1278 Trident Loop
DeLand, FL 32724
(407) 212-9623

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- I. Attach a statement outlining your educational and career plans and how this scholarship would help you achieve these goals. Also state any extenuating circumstances that you may have. Please limit statement to one page.

- II. Attach two letters of recommendation: one educational reference and one community reference.

- III. Have the following items completed by your counselor:
 - 1. Cumulative GPA and class rank_____
 - 2. SAT Score_____
 - 3. ACT Score_____
 - 4. PSAT Score_____
 - 5. Other Data_____

I certify that the above information is correct.

Signature of Counselor_____ Phone:_____

Signature of Applicant_____ Date:_____

Check list:

_____ Application

_____ Applicant signature

_____ Counselor signature and section complete

Attachments:

_____ One page statement of financial need and career goals

_____ Letter of recommendation - educational

_____ Letter of recommendation - community

Return the above items by March 1, 2025 to:

Jenny Burrell, Scholarship Chairperson

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Scholarship for Senior Female interested in Education

Applicant:

Name _____

Home Address _____

Street

City

State

Zip

Phone Number (____) _____

High School:

High School _____ Phone (____) _____

Date of Graduation _____

Colleges you have applied to: _____

Colleges you have been accepted to: _____

Which college do you plan to attend? _____

Career Plans:

What will be your educational major/area of study? _____

List your career goals resulting from the above: _____

Employment:

List your most recent employment: _____

Name of Company

Address

City

Phone Number

Job Title _____ Supervisor _____

Job Duties _____

Length of Employment _____

Parents/Family Information:

Name of Parents (Mother) _____

(Father) _____

Address _____

Phone Number (____) _____

Employer _____

Job Title _____

Number of dependents in family ____ Ages _____

Number of children attending college ____ Name(s) _____

College(s) attending _____

Financial Need:

Information regarding financial need: _____

