



National Sorority of Phi Delta Kappa, Inc.

Undergraduate Scholarship Awards Rules, Regulations, and Eligibility Requirements

Scholarship Form

005

2024 - 2025

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 Chair by February 3, 2025

Applications are due to the National Scholarship Chairperson by February 9, 2025.

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|--|-----------------|----------------|--------------------------|
| Local Scholarship Chair, please complete the information in this area BEFORE DISTRIBUTING applications. | | | |
| LOCAL SCHOLARSHIP CHAIR NAME: | Tamia Murphy | | |
| PHONE: | 609-517-8341 | EMAIL ADDRESS: | tamia.murphy@outlook.com |
| SEND APPLICATIONS TO MAILING ADDRESS: | | | |
| STREET ADDRESS: | 12 Marcia Court | | |
| CITY: | Sicklerville | STATE: | NJ |
| | | ZIP: | 08001 |



National Sorority of
Phi Delta Kappa, Inc.

Undergraduate Scholarship Application 2025

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

Scholarship Form

007

2024 - 2025

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|----------|--|---------|--|
| CHAPTER: | | REGION: | |
|----------|--|---------|--|

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|-------|--|--------|--|------|--|
| 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.

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|---|------------------------|--|-------------|--|
| <p>APPLICANT, PLEASE ATTACH AN INDIVIDUAL WALLET SIZE 2" X 3" COLOR PROFESSIONAL PHOTOGRAPH (REQUIRED)</p> | 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

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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 |
|--------------------------|---|----------------------------|
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YOUR FAMILY

| | | | | |
|----------------------------|--|------|----------------------------|--|
| PARENT OR GUARDIAN'S NAME: | | | PARENT OR GUARDIAN'S NAME: | |
| OCCUPATION: | | | OCCUPATION: | |
| STREET: | | | STREET: | |
| CITY: | | | CITY: | |
| STATE: | | ZIP: | STATE: | |
| * 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.

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|--------|--|--|--------|--|
| NAME: | | | NAME: | |
| TITLE: | | | TITLE: | |

REQUIRED ESSAY

Personal Statement: In a well-developed paragraph respond to the following prompt. What has motivated you to pursue a career in the field of education? What area of education are you interested in pursuing? Why do you want to go into the field of Education? Word limit is 200 words

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.

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|------------------------------------|--|-------|--|
| 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: | |