SCHOLARSHIP

The Delta Epsilon Chapter of Alpha Delta Kappa ~ an international honorary organization for women educators ~ is offering a fall 2010 / spring 2011 scholarship in the amount of $800.00.

Alvin Community College applicants must be sophomores who are preparing for a degree in the teaching field. Requirements:

• a minimum of 45 hours completed prior to applying
• a minimum overall GPA of 2.8 as of last semester
• a minimum of 9 hours per semester with the 9 hours leading to a degree in education

Scholarship application packets available in
Financial Aid Reception Area
Building A – Room A100
Enrollment Services Center
and
Online

3110 Mustang Road – Alvin
281-388-4630

Application deadline
Monday, October 4, 2010
SCHOLARSHIP APPLICATION PACKET
( FOR STUDENTS WHO ARE PURSUING A DEGREE IN THE TEACHING FIELD )

Requirement Specifics:
Applicants must be at least a sophomore with a minimum of 45 hours completed prior to applying and a minimum overall GPA of 2.8 as of last semester. Applicants must be taking a minimum of 9 hours per semester; the 9 hours must lead to a degree in education.

1. ______ Scholarship Application Form
2. ______ A letter stating reasons for entering the teaching field and the basis of need
3. ______ At least two recommendations (See forms.)
4. ______ A copy of your fall 2010 schedule (titles of courses and number of hours)
   ______ A copy of your 2010 Tuition/Fees Receipt
5. ______ Copies of transcripts from all colleges and universities that you have attended

DEADLINE
ITEMS 1 - 5 must be mailed with a postmark date on or before October 4, 2010

Please mail required information and documents to:

M. L. CRUMP
Alpha Delta Kappa – Education Committee Chairperson
804 BRIARMEADOW AVE.
Friendswood, TX 77546-4720
DELTA EPSILON CHAPTER OF ALPHA DELTA KAPPA
2010 – 2011 SCHOLARSHIP APPLICATION
ALVIN COMMUNITY COLLEGE

This application must be filled out completely and accurately. Print all information on this form.

PERSONAL INFORMATION:

Name: ____________________________________________________________
(last) (first) (middle)

Address: ____________________________________________________________
(street) (city) (state/zip)

E-mail address: ____________________________ (optional)

Telephone: (____)______ (____)______ (____)______
(day) (evening) (other)

Graduate of ______________________ High School in ______________________ (city/state) _____ (year)

US Citizen: Yes __ No __

Marital Status: Single __ Married __ Widowed __ Divorced __

Currently employed: Yes __ No __ Income from your employment ________ (monthly)

Household income ________ (monthly)

Number of Children under the age of 18 in Household: _____

My goal is to become a teacher in: PreK - 2 _____ 3-5 _____ 6 – 8 _____ 9 – 12 _____

STUDENT STATUS: (Applicant must be a sophomore at ACC with a minimum of 45 completed hours prior to applying and have a minimum overall GPA of 2.8 as of last semester.)

Academic Major: _____________________________ Specialization: _____________________________

First Semester at ACC (indicate year): Fall ______ Spring ______ Summer ______

Cumulative GPA as of Last Semester: ______________

Anticipated Date of Graduation from a Senior College: __________________ (semester/year)

HONORS, AWARDS, SCHOLARSHIPS / GRANTS RECEIVED post-high school (include years)

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Include an ACC business office statement that lists the transmitted financial aid you are currently receiving (i.e. from awards, grants, scholarships, etc.).
ON CAMPUS ACTIVITIES (year, activity, office held)

____________________________________________________________________________________

COMMUNITY ACTIVITIES (year, activity, office held)

____________________________________________________________________________________

CAREER GOALS

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

HOBBIES

____________________________________________________________________________________

How Did You Learn of ADK’s Scholarship?

Newspaper article___  Flyer posted on campus____  ACC Website _____  Financial Assistance Office____  Other (please explain)_____________________________________________

***** In addition to the application form, *compose a letter* to the ADK Education Committee stating your reasons for entering the teaching field and the basis of need for a scholarship. Include at least two recommendations using the forms provided.

Submit these: (1) a copy of your fall 2010 schedule (a minimum of 9 hours leading towards a degree in education) – include the titles of the courses as well as the number of hours earned per course. (2) a copy of your fall 2010 tuition / fees receipt (3) copies of your transcripts from ACC and previous colleges you have attended *****

♦♦ For your Alpha Delta Kappa scholarship application to be considered, all requested items (application form, letter, recommendations, fall schedule, tuition/fees receipt, transcript copies, financial aid statement) must be completed in their entirety. ♦♦

Mail all of the information to:

M. L. Crump, Chairperson
Alpha Delta Kappa – Education Committee
804 Briarmeadow Avenue
Friendswood, TX 77546-4720
DEADLINE

Your application and the required documents must be POSTMARKED on or before October 4, 2010.

PERMISSION FOR RELEASE OF ACADEMIC RECORDS AND GENERAL STUDENT INFORMATION

I hereby certify that the information provided is true and correct to the best of my knowledge. Furthermore, I authorize Alvin Community College to release the information contained in this application (including personal biographical information) to the awarding committee and agencies/donors providing funds for this scholarship.

________________________________________  _______________________
Signature                                           Date

SPECIFICS OF THE SCHOLARSHIP DISTRIBUTION

I understand that the $800.00 scholarship is for use during one academic year and will be awarded in two increments:

1. Four hundred dollars will be payable in the fall of 2010 after tuition/fees receipt and the current list of courses and hours are mailed to the Education Committee’s Chairperson. The organization’s treasurer will supply a reimbursement check to the scholarship recipient.

2. The remaining $400.00 is obtainable by the same procedure after the recipient submits tuition/fees receipt, list of courses/hours (same requirements as for the fall) for the spring 2011 semester, and an official transcript of the 2010 fall semester’s work to the ADK Education Committee’s Chairperson. The required paperwork must be postmarked on or before Monday, FEBRUARY 7, 2011. It is the recipient’s responsibility to contact the ADK Education Committee Chairperson.

________________________________________  _______________________
Signature                                           Date

* * The recipient will be recognized and the first increment of the scholarship money will be presented at the NOVEMBER 1, 2010 Alpha Delta Kappa meeting. The recipient will be contacted prior to the meeting. * *
Recommendation Form for 2010 – 2011 Alpha Delta Kappa Scholarship

Thank you for taking the time to complete this form. Please seal your recommendation in an envelope. Before returning the SEALED ENVELOPE to the applicant, please write your signature across the sealed portion of the envelope.

Applicant’s Name ____________________________ Date ___________

1. Please state reasons why you believe this applicant will be a successful teacher.

2. Please state your knowledge of the applicant’s academic efforts and the impact he/she will have upon his/her students.

3. Please state reasons why you believe this applicant should be awarded a scholarship.

Recommended by ____________________________ Date __________

Position & name of business, etc. and/or contact with the applicant ____________________________