

**APPLICATION FOR
THE XI DELTA KAPPA SORORITY
SCHOLARSHIP**

I. PERSONAL INFORMATION

SOCIAL SECURITY NUMBER: _____

NAME: _____

FIRST

MIDDLE

LAST

PARENT'S NAMES: _____

ADDRESS: _____

STREET

CITY

STATE

ZIP CODE

NAME OF COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND:

INTENDED COLLEGE MAJOR AND MINOR:

BRIEFLY STATE YOUR FUTURE CAREER GOALS:

**EXPLAIN WHY THE SCHOLARSHIP COMMITTEE SHOULD SELECT YOU
FOR THIS SCHOLARSHIP:**

HOW MUCH MONETARY HELP CAN YOU EXPECT FROM YOUR FAMILY?

II. HIGH SCHOOL ACTIVITIES

Briefly describe any activities you have participated in while at Scott Community High School. Please list organizations and offices held, club memberships, athletic teams, honors (music, drama, etc.). If necessary, attach a second sheet.

III. COMMUNITY SERVICE ACTIVITIES

On a separate sheet of paper, briefly describe any community service activities. Be sure to answer each of the following questions:

- What was your activity?
- When and where did your activity take place?
- Who have you positively affected with your community service?

IV. REFERENCES

Two letters of recommendation from persons not related to the applicant must accompany the application.

V. VERIFICATION OF GRADES: Please have a school official complete the following information:

GRADE POINT AVERAGE _____ (BASED ON A 4.00 SCALE)

RANK IN HIGH SCHOOL GRADUATING CLASS _____ OUT OF _____

I VERIFY THAT THE ABOVE INFORMATION IS CORRECT

SIGNATURE OF SCHOOL OFFICIAL DATE TITLE

III. COMMUNITY SERVICE ACTIVITIES

Please return this application form to Mrs. Price, SCHS Counselor, by Friday, March 22, 2019.