



2018 Kappa Kappa Kappa Scholarship

INSTRUCTION SHEET

The Delta Phi Chapter of *Kappa Kappa Kappa* Philanthropic Sorority will be awarding three (3) \$2000.00 scholarships toward outstanding high school students who have made significant contributions to both their high school and their community.

QUALIFICATIONS:

An applicant for the scholarship must be a Delaware county high school student, and a Delaware county permanent resident that is completing his/her senior year with a minimum 3.2 grade point average on a 4.0 scale (or equivalent on a different scale base). Applicant must also have been accepted to and plan to attend a college/university located within the state of Indiana.

APPLICATION:

Candidates must submit their completed application forms and supporting materials by Friday, March 30, 2018 to the contact person listed below. No late applications will be considered. Applications can be sent as hard copies or as a PDF attachment to e-mail. PDF attachments must contain all components of the application including the letters of recommendation and the transcript.

Amy Yakos
Tri Kappa Scholarship Committee Chairperson
6204 N. Cedar Springs Rd.
Muncie, IN 47304
(765) 748-1467
acyakos@bsu.edu

The following items must be submitted:

1. Scholarship Application (three pages), typed or neatly printed.
2. Copy of the letter of acceptance from the Indiana College or University where the student plans to attend school.
3. An autobiographical sketch typed and limited to 1 page/1000 words including the reason why the student is applying for the scholarship.
4. A copy of the official high school transcript.
5. Two signed letters of recommendation addressed to the Tri Kappa Scholarship Committee. One of these should be from a representative of the school, such as a principal, counselor or teacher. All letters must have the signature of the recommender and if from a school representative should be on school letterhead.

SELECTION:

Selection is based on scholastic excellence, high school leadership activities, participation in community/church activities and/or employment history and financial need.

Applicants will be notified of their status in mid-April. Finalists will be interviewed by the Scholarship Committee in late April or early May. Recipients will be selected and notified by mid-May. Recipients will be recognized at our June meeting. Scholarship checks will be made payable to the college or university where the student will be attending and sent directly to their Financial Aid Office.



2018 Kappa Kappa Kappa Scholarship Application

Please complete all three pages of this form and attach items 2 through 5 as described in the INSTRUCTION SHEET

NAME: _____ AGE: _____ Sex: Male _____ Female _____
Last First Middle (please check)

ADDRESS: _____
Street City/State Zip Code

PHONE #: _____ E-MAIL ADDRESS: _____

HIGH SCHOOL: _____

CLASS RANK: _____ G.P.A. _____

S.A.T. SCORES (combined math and critical reading): _____ Written: _____

A.C.T. Composite Score: _____

ANTICIPATED FIELD OF STUDY: _____

NAME OF INDIANA SCHOOL PLANNING TO ATTEND: _____

FATHER'S NAME: _____ OCCUPATION: _____

MOTHER'S NAME: _____ OCCUPATION: _____

BROTHERS /SISTERS AT HOME (#): _____ AGES: _____

BROTHERS/SISTERS IN COLLEGE (#): _____ AGES: _____

Please consider my application for the Tri Kappa Scholarship. If, for any reason, I do not attend college in the 2018-2019 academic year at an Indiana institution, I understand it is my responsibility to notify the Scholarship Committee of the Delta Phi Chapter of Tri Kappa and forfeit the scholarship.

Applicant's Signature

Date of Application

NOTE: Scholarship recipients may be required to declare the scholarship award as taxable income by the Internal Revenue Service.



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HONORS/AWARDS: (N.H.S., Merit Scholar, Boy's/Girl's State, Internships, etc.)

HIGH SCHOOL ORGANIZATIONS, ACTIVITIES AND LEADERSHIP: (Indicate clubs, school activities and organizations to which you belong, years participating and any offices held.)

SPORTS: (Include number of years participating, letters, awards, etc.)

COMMUNITY/CHURCH ACTIVITIES:

WORK EXPERIENCE: (Include workplaces, jobs, dates etc.)



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STUDENT FINANCIAL OUTLINE

EXPECTED PERSONAL RESOURCES:

Parent's contribution **per year:** \$ _____

Student's contribution **per year:** \$ _____

Available Income **per year:** \$ _____
(Work while student at college)

FINANCIAL AID:

College Grant: \$ _____

Work Study Program: \$ _____

Other Aid: \$ _____
(Specify type)

OTHER SCHOLARSHIPS RECEIVED TO DATE:

Name of Award: _____ Annual Amount: \$ _____

Renewable: Yes: _____ No: _____

Name of Award: _____ Annual Amount: \$ _____

Renewable: Yes: _____ No: _____

Name of Award: _____ Annual Amount: \$ _____

Renewable: Yes: _____ No: _____

TOTAL ANNUAL FINANCIAL RESOURCES: \$ _____