



## ***Kappa Kappa Kappa Scholarship*** **INSTRUCTION SHEET** **2024**

The Delta Phi Chapter of *Kappa Kappa Kappa* Philanthropic Sorority will be awarding four \$2000.00 scholarships to 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). An 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 midnight on Monday, March 25th (or postmarked March 25th ) to the contact person listed below. No late applications will be considered. **The Fillable Application portion must be sent as an attachment to e-mail.** Other items (3-5 below) can be sent by e-mail (preferred) or by postal service mail. If a recommendation writer prefers to send their letter separately, they can e-mail it directly to the individual listed below by the March 25th deadline.

Clare Chatot  
Tri Kappa Scholarship Committee Co-Chairperson  
1806 N. Brentwood Ln.  
Muncie, IN 47304  
765-717-9105  
[clchatot@comcast.net](mailto:clchatot@comcast.net)

The following items must be submitted:

1. Scholarship Application including an Autobiographical Sketch. This is a fillable form. All boxes highlighted in red are required fields. If you do not have anything to enter please enter N/A. Save your fillable form as you go along.
2. The autobiographical sketch in the fillable application is limited to 1 page/1000 words including the reason why you are applying for the scholarship. We would like to learn more about who you are in this essay. Tell us a story from your life, describing an experience that either demonstrates your character or something that helped to shape it. We will see your many academic, athletic, and service accomplishments in your application, but we want to get to know you personally in this essay.
3. Copy of the letter of acceptance from the Indiana College or University where the student plans to attend school.
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 the 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 by May 1<sup>st</sup>. Finalists will be interviewed by the Scholarship Committee in May. Recipients will be selected and notified by late May. Recipients will be recognized at our June 4<sup>th</sup> 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.



## 2024 Kappa Kappa Kappa Scholarship Application

Please complete all four pages of this form and attach items 3 through 5 as described in the INSTRUCTION SHEET

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street City/State Zip Code

PHONE #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

CLASS RANK: \_\_\_\_\_ G.P.A. \_\_\_\_\_

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 2024-2025 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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### **STUDENT FINANCIAL OUTLINE**

#### FINANCIAL AID AVAILABLE FOR 2023-24 ACADEMIC YEAR ONLY:

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: \$ \_\_\_\_\_



## ***2024 Kappa Kappa Kappa Scholarship Application***

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/FAITH BASED ACTIVITIES:

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



**AUTOBIOGRAPHICAL SKETCH: (1 PAGE/1000 WORD LIMIT)**