



**ALPHA DELTA KAPPA EDUCATIONAL SORORITY  
BETA GAMMA CHAPTER  
LANCASTER, OHIO**

Alpha Delta Kappa, Ohio Beta Gamma Chapter is offering 2 educational scholarships each worth **\$1,000.00**. These scholarships are available to students planning to enter the **profession of education**.

**Each applicant must meet these requirements:**

1. Include a **transcript** with this application showing a cumulative grade point average of at least 3.0.
2. Be a **full time student**; either high school senior or college undergraduate student.
3. Attend a **university** that offers a **program resulting in licensure in the education profession**.
4. Be a resident of one of the following Ohio counties: **Fairfield, Franklin, Hocking, Licking, Perry or Pickaway**.
5. **Print or type the application** answering all questions and include an e-mail address that you can access.
6. Submit two references with this application form. **One reference must be a person in the field of education**. References should discuss applicant's leadership, character, dependability, motivation and personality.

**\*\* List below the two references you are submitting with this application.**

Name	Phone No.	How Does This Person Know You?
<hr/>		

1. 

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2. 

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7. Submit a **one to two page typed autobiography**, including family, interests, and reason for pursuing a degree in the field of education. If you are a previous recipient, please include your past year's experiences.
8. **Application, transcript, autobiography**, and the **2 letters of reference must be postmarked by March 28, 2025** to be considered by the scholarship committee.

**Send to:**

**Ms. Molly Hintz  
(ADK Scholarship Chairwoman)  
2019 Nature Way  
Lancaster, Ohio 43130**

The committee will choose the scholarship recipients by **May 1, 2025**.  
Scholarships will be awarded **May 20, 2025**.



**ALPHA DELTA KAPPA EDUCATIONAL SORORITY  
BETA GAMMA CHAPTER  
SCHOLARSHIP APPLICATION**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Phone No. \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address (Parent/Guardian/Student) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

E-mail address (that you can access) [print clearly so there is no confusion between alphabet and numbers, underscore, etc]

\_\_\_\_\_

Which bracket of total income applies to your family?

\_\_\_\_ \$10,000 - \$35,000 \_\_\_\_ \$36,000 - \$60,000 \_\_\_\_ \$61,000 - \$85,000 \_\_\_\_ over \$85,000

Explain any **extenuating circumstances that show financial need**:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What **field of study in education** will you pursue? \_\_\_\_\_

What **university** do you attend or anticipate attending? \_\_\_\_\_

Briefly describe the **5 most important activities** in which you have participated at school and in your community.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Application \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

***Please complete both pages***

*Revised December 10, 2024*