

**APPLICATION  
MEMORIAL SCHOLARSHIP AWARD**

**ALPHA CHAPTER, ALLENTOWN, PENNSYLVANIA**

Date of Application: \_\_\_\_\_

Name and Location of High School: \_\_\_\_\_

\_\_\_\_\_

Name of Guidance Counselor: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

Siblings' Name(s)	AGE	At Home (yes or no)	Currently in College (yes or no)

**Your Activities:**

School-related:	Activity	Office Held	Date

Community/Other:      Activity      Office Held      Date


Position of employment. Indicate average time employed.

Date(s)


Please check one of the following that describes your family's total financial income:

\_\_\_\_\_ under \$50,000    \_\_\_\_\_ \$50,000-\$80,000    \_\_\_\_\_ \$80,000-\$120,000    \_\_\_\_\_ \$120,000-\$150,000

\_\_\_\_\_ over \$150,000

I have been accepted by and will be attending:

Name of College: \_\_\_\_\_

Beginning date: \_\_\_\_\_

majoring in: \_\_\_\_\_.

List below any scholarships or financial aid you will be receiving upon entering college.

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Signature of Applicant \_\_\_\_\_

Print Name \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Print Name \_\_\_\_\_

**On a separate sheet of paper, please write an essay of 100 words or less, explaining why you have chosen the field of Education.**

**Return your completed application with your high school transcript and essay to:**

\*Patricia Check 3347 Reservoir Road Hellertown PA 18065

AΔK – PA Alpha Chapter

Scholarship Program

\*ADKAlpha54@gmail.com

**Deadline Date: April 15th. Any application received after this date will not be considered.**