

**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.

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.