Alpha Delta Kappa-Alpha Tau Chapter
Honorary Society for Women Educators
Scholarship Application

I. Personal Information Today's Date: _____

Name: _____ Social Security Number: _____
Last First MI

Local Address: _____
Street City State Zip

Home Address: _____
Street City State Zip

Local Telephone Number: _____ Date of Birth: _____
mm/dd/yyyy

II. Family Income Information and Personal Resources

	Name	Address	Occupation	Previous Years Income
Father/Guardian				
Mother/Guardian				
Spouse				
Self				

How many people are dependent on the above income? _____

Describe any other pertinent information concerning the financial assets and obligations of your family that would be helpful in assessing your financial need for the scholarship requested: _____

_____

_____

III. Educational Experience

Name of High School and/or College	Address	Years Attended

Percentile Rank on Standardized Tests: _____ Rank in High School Class: _____ of _____

College Major: _____ Hours Completed: _____ as of _____

College Degree: _____ Vocational Objective: _____ College GPA: _____

IV. Certification

By signing this application, I certify that the information provided is correct. I also give Student Financial Services at Southeast Missouri State University permission to forward my completed application and the results of my Free Application for Federal Student Aid (FAFSA) to the scholarship committee for review.

Student Signature _____ Date _____

V. References

Give the names of three people (principal, teacher, pastor, etc) who may be contacted who will supply references for you.

_____

_____

_____

Scholarship Application Deadline is October 1st.