CRITERIA

The recipient of this award will be eligible to receive a $1,000 scholarship toward college tuition, books, or course-related fees for the academic year. There can sometimes be more than one scholarship awarded.

1. The applicant must be currently enrolled in an accredited college or university, working toward a degree in Education and entering his/her junior or senior year in a Florida college or university with a minimum of fifteen hours in the field of education.

2. The applicant must have a cumulative 3.0 grade point average. The grade point average must be verified by an official of the student’s current school. The verification must accompany the application. An official transcript is the preferred method of verification.

3. A letter of recommendation by a member of the Pensacola Alumni Chapter of Kappa Delta Pi must accompany the application. If you do not know any member of Kappa Delta Pi, please contact the Scholarship Chairman. Call or email the chairman at 850 429 9847 or sch3028can@aol.com to get assistance in meeting this criteria.

4. A letter of recommendation from a faculty member, academic advisor, or counselor, of the college or university currently attended by the applicant must accompany the application.

5. To be considered, the application must be postmarked no later than March 31st for April review.

6. Residents of Escambia and Santa Rosa Counties will be given first consideration.

7. Final selection of the recipient(s) will be the task of the Scholarship Committee of the Pensacola Professional Chapter of Kappa Delta Pi. This scholarship must be used for tuition, books, and/or course-related fees, or returned to the Pensacola Professional Chapter of Kappa Delta Pi. When the award is made the Chapter will send the scholarship check directly to the Florida college or university of the recipient’s choice.

8. Please print.

9. Make sure all blanks have been completed in full detail.
More information is better than skimpy or not enough.

10. Send application with all required documentation to: Kappa Delta Pi Scholarship Committee
Pamela B. Schwartz, Chairman
1125 N. Spring Street
Pensacola, FL 32501-2655

Please Note:
Applicants will be notified by e-mail or postcard upon receipt of applications.
All applications will be placed in the pool of applications and assessed for compliance with all criteria.
When the winning applicant has been determined, all applicants will be notified by mail or e-mail.
KAPPA DELTA PI SCHOLARSHIP APPLICATION

Application must be postmarked no later than March 31st each year. Do not use fax or email to submit your application. Return the completed application, recommendation letter(s), and grade point average verification to:

Kappa Delta Pi Scholarship Committee
Pamela B. Schwartz, Chairman
1125 N. Spring Street
Pensacola, FL 32501-2655
Phone 850-429-9847
sch3028can@aol.com

Please print. Date:

Name (First, Middle, Last):

Date of Birth:

List your Social Security Number and any other Student Number you may have:
SSN: ____________________________________________________________________ Other Student Number: ____________________________________________________________________

Address:

City, State: ___________________________ Zip Code: ___________________________

E-mail Address:

Home Phone: _______________________ Cell Phone: _________________________

Name of College or University you currently attend:

__________________________________________________________________________

Address:

State: ___________________________ Zip Code: ___________________________

Phone: ___________________________ Extension if any: _______________________

Current Faculty Advisor:

Address:

City, State: ___________________________ Zip Code: ___________________________

Phone: ___________________________ Extension, if any: _______________________

Page 2: Personal Information Page. Please also answer all questions on the three sheets attached.
Name of Applicant:

Please list any scholarships or financial aid that you currently receive or expect to receive.

What is your field(s) or major(s) in Education?

Please state other activities, interests, goals, etc.: 

Organizations of which you are currently a member and any positions held:

Please explain why you selected your major or area of certification. How will it help you in your current or future career?
Name of Applicant: _____________________________________________

Are you currently employed in the area of education?   Yes _______ No _______

If you answered yes, list your position, school/institution, address, phone, and supervisor’s name.

Position/Title: _____________________________________________

School/Institution: _________________________________________

Address: _________________________________________________

City/State: ___________________________ Zip Code: ________________

Phone: ___________________________ Fax Number: _________________

Description of your Duties and Responsibilities:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Supervisor’s Name: _____________________________________________

(ADDITIONAL PAGES MAY BE ADDED IF NEEDED TO COMPLETE ANY AREA OF THIS APPLICATION.)

Cumulative GPA: _______

(This must be verified by your current educational institution. An official transcript or letter from your counselor/academic advisor will be accepted and must be attached to this application.)

Education Courses completed:

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Name of Applicant: ________________________________

The Pensacola Professional Chapter of Kappa Delta Pi will send the scholarship payment check directly to the financial aid department of the college or university designated by the recipient of the award. This scholarship must be used for tuition, books, or college course-related fees or returned to the Pensacola Professional Chapter of Kappa Delta Pi.

College or University to be notified: ________________________________________________
Mailing Address: ________________________________________________________________
__________________________________________________________

I certify that all information contained in this application is true and correct. Any award received will be used for tuition, books, and/or college course-related fees or returned to the Pensacola Professional Chapter #709 of Kappa Delta Pi.

Signature: ___________________________    Date ____________________________