

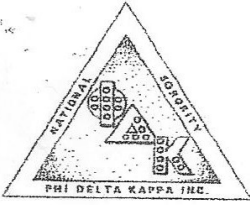
NATIONAL SORORITY OF PHI DELTA KAPPA, INC.

Delta Beta Chapter

Carmen Mercer Scholarship \$2,000.00

Guidelines

1. The applicant plans to attend a four-year college.
2. The applicant's major field of study must be education oriented leading to a career in the teaching profession.
3. The applicant must show evidence of need by declaring family size and proof of income.
4. The applicant must be a graduating senior at the time the application is submitted.
5. The applicant must submit an official transcript including SAT or ACT scores.
6. The applicant must submit two letters of recommendations. **(If you are a Xino or Kudo, one letter needs to be from your advisor documenting your participation.)**
7. The applicant must submit the application to the Local Scholarship Chair by February 6th.
8. The amount of the scholarship is \$2,000.00. The applicant will receive \$1,000.00 after official proof of enrollment for the fall semester is received by the Local Scholarship Chair. The balance will be sent if the applicant maintains a 2.5 GPA, sends transcript for the fall semester, and proof of enrollment for the spring semester is sent to the Local Scholarship Chair.
9. The recipient will be determined by a score from the Local Scholarship Committee. The highest scorer will be the winner.



National Sorority of Phi Delta Kappa, Inc.
Delta Beta Chapter

Carmen Mercer Scholarship Application

Please use a pen and fill information legibly or scan information and fill in. Thanks.

Name _____ Sex _____ Age _____ Ethnicity _____
Last First

Address _____ Phone _____
Number/Street City/State Zip

High School Currently Attending _____ GPA SAT ACT

<u>Mother</u>	<u>Father</u>	<u>Guardian</u>
_____	_____	_____
Name	Name	Name

_____	_____	_____
Home Phone	Home Phone	Home Phone

_____	_____	_____
Address	Address	Address

_____	_____	_____
Occupation	Occupation	Occupation

_____	_____	_____
Business Phone/Ext.	Business Phone/Ext.	Business Phone/Ext.

Number of Adults and children who are dependent on parents' financial support _____

Number of children dependent on parents' financial support _____ Ages _____

Number of family members attending college _____

Describe any existing condition that are causing unusual financial expenditures for any dependents Listed above, i.e. illness, dental work, support of family by one parent, etc.

(Carmen Mercer Scholarship cont')

Please check approximate annual gross income in the home before deductions:

\$0 - \$14,000 _____ \$15,000 - \$29,999 _____ \$30,000 - \$44,9999 _____
\$45,000 - \$59,999 _____ \$60,000 and above _____

Education:

Colleges applied to: 1. _____ 2. _____ 3. _____

Intended Major/Minor 1. _____ 2. _____

What is your career goal? _____

Student's Employment Record:

Business	Type of Work	Approx. # Hr./wk	Dates Worked
_____	_____	_____	_____
_____	_____	_____	_____

Please list your extra-curricula, community, and volunteer activities during the past 4 years, i.e. Student government, dramatics, athletics, debate team, publications, band or orchestra, Yearbook, ROTC, Girl Scouts, 44-H Club, church groups, civic organizations, NAACP, Red Cross. Please be specific. (You may add additional pages if needed).

Activity	Years of Participation	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all honors and awards you have received in high school. Please be specific; i.e. Trustee, Honor roll, National Honor Society, etc.

Honors/Awards

I certify that all information on this application is correct:

Student's Signature Parent's Signature Today's Date

Please submit a transcript and a copy of your SAT and/or ACT score with this application. Also please Attached with this application two letters of recommendations.

Deadline for scholarship application is postmark by February 6. Return completed form to:

Nancy Thompson
4703 Broadhill Dr.
Austin, TX 78723
(512) 926-6309