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| National Sorority of Phi Delta Kappa, Inc.  | **Undergraduate Scholarship Application 2023**Application MUST be submitted through the Local Chapter Scholarship Chairperson to be considered  | Scholarship Form **007** |
| **2022 - 2023** |



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| **YOUR FAMILY**  |
| PARENT OR GUARDIAN’S NAME:  |  |  | PARENT OR GUARDIAN’S NAME:  |  |
| OCCUPATION:  |  | OCCUPATION:  |  |
| STREET:  |  | STREET:  |  |
| CITY:  |  | CITY:  |  |
| STATE:  |  | ZIP:  |  | STATE:  |  |  ZIP:  |  |
| **\*** ANNUAL INCOME $:  |  | **\*** ANNUAL INCOME $:  |  |
| HOW MANY DEPENDENT CHILDREN, INCLUDING YOURSELF, ARE SUPPORTED BY YOUR PARENTS OR GUARDIANS?  |  |
| **\*** *Proof of income, i.e. W2 form, last year’s tax returns; statement of income from appropriate government agency, employer, verification of homeless status/unemployment or child support, etc. Applications will not be scored without required documentations***.**  |
| **LETTERS OF RECOMMENDATIONS**  |
| Two (2) letters of recommendation with original signature required, one of which must be from a school official.  |
| NAME:  |  |  | NAME:  |  |
| TITLE:  |  |  | TITLE:  |  |
|  |
| **VALIDATION FORM**  |
| I did receive and fully understand the **Rules, Regulations**, and **Eligibility Requirements** of the undergraduate scholarship which is for applicants who are pursuing studies in the field of education. I further understand all documentation becomes the property of the National Sorority of Phi Delta Kappa, Incorporated; and, my photo may be used for publication.  |
| APPLICANT’S SIGNATURE:  |  | DATE:  |  |
| PARENT’S/GUARDIAN’S SIGNATURE:  |  | DATE:  |  |
| LOCAL SCHOLARSHIP CHAIR NAME:  |  |
| LOCAL SCHOLARSHIP CHAIR SIGNATU | RE:  |  |  DATE:  |  |
| CHAIR EMAIL:  |  |  |
| BASILEUS NAME:  |  |  |
| BASILEUS SIGNATURE:  |  |  |  DATE:  |  |

# UPDATED 11/2021