

**PAST STATE PRESIDENTS' SCHOLARSHIP APPLICATION**  
**GEORGIA ALPHA DELTA KAPPA**  
**PRESIDENTS' SCHOLARSHIP APPLICATION FORM**

*Return completed application to the VP for Scholarships. Applications must be postmarked **by February 1.***

\* A member may be awarded a scholarship only once during a biennium.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Chapter: \_\_\_\_\_ District: \_\_\_\_\_

Date of Initiation: \_\_\_\_\_ (*must have been a member at least 3 years*)

School: \_\_\_\_\_ System: \_\_\_\_\_

Position: \_\_\_\_\_

Applying for funds to attend:

\_\_\_\_\_

Registration fee: \_\_\_\_\_ Other anticipated expenses: \_\_\_\_\_

Total Expected Expenses: \_\_\_\_\_

Will you receive other financial assistance (*school system or other means*)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much will you receive? \_\_\_\_\_

Purpose of Conference/Meeting/Seminar/Workshop:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list explicit educational benefits. I/my students/my school/my system and/or my community will receive from my attendance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The applicant should mail their completed application to the VP for Scholarships: *Shannon Cole, 502 W. Fort St. Chatsworth, GA 30705.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Chapter President

\*Scholarship will not be awarded until after the April executive board meeting. Please keep a copy of your registration receipt or certification of completion.