

**APPENDIX B**

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

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*Complete and return to the Vice President for Scholarships postmarked **by February 1***

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

Name \_\_\_\_\_ Email \_\_\_\_\_

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 completed application to the VP for Scholarships. The address for VP for Scholarships can be found in the state directory or on the GA Alpha Delta Kappa website.

\_\_\_\_\_  
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.