

# Mississippi Alpha Delta Kappa Member Scholarship Grant Application

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

Mailing address \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Professional Training College	Degrees	Honors/Scholastic Achievements
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Professional Experience  
Present position \_\_\_\_\_

Previous teaching positions \_\_\_\_\_

Professional organizations \_\_\_\_\_

Contributions Made in the Field of Education

Articles published \_\_\_\_\_

Participation in educational meetings \_\_\_\_\_

Alpha Delta Kappa

Chapter \_\_\_\_\_

Chapter offices held \_\_\_\_\_

Offices held in Mississippi Alpha Delta Kappa \_\_\_\_\_

Educational Plans

School you plan to attend \_\_\_\_\_

Purpose for attending \_\_\_\_\_

Signature of local Alpha Delta Kappa Chapter President \_\_\_\_\_

Signature of Scholarship Grant application \_\_\_\_\_

Include at least three letters of recommendation from college professor, principal, superintendent, fellow teacher, pastor or other leaders. Please include a picture of yourself. Add pages as needed.

Return completed form **by February 15** to: Megan Geter, Scholarship Chair  
302, North Falls Crossing Madison, MS 39110