



2023-2024 INDIANA ALPHA DELTA KAPPA

Academic Grant APPLICATION FORM

Applicants Full Name: Last _____ First _____ Middle _____

Home Address: Street _____ Telephone _____

City _____ State _____ Zip Code _____

(What dates can you be reached at this address?) _____

Campus Address: Street _____ Telephone _____

City _____ State _____ Zip Code _____

(What dates can you be reached at this address?) _____

Email address: _____

Name of Indiana college that you attend _____

Date you plan to graduate _____

Nominated by: _____ Chapter Name _____

Chapter President _____ Telephone _____

Address _____ Email _____

1. Please attach a small, recent photograph to the completed application form
2. Submit a typed statement summarizing past experiences that are most important to you and your plans for your future in education.
3. Submit two or more professional letters of recommendation from faculty members in the Department of Education or your major field. These letters should inform us concerning your character, personality, scholarship, and competency as a prospective educator. (Confidential: email directly to **Chapter President**; must be received by Feb. 23, 2024)
4. Submit a letter of endorsement from a person not related to you, who has had an opportunity to know you well. We seek a valued opinion of your character, industry, purposefulness, and general worthiness. (Confidential: email directly to **Chapter President**; must be received by February 23, 2024)
5. Submit an official transcript of credits including **first semester of 2023-2024 school year**.

The academic grant check will be sent directly to the recipient after enrollment verification at the end of summer.

List honors, awards, and notable achievements. Include dates.

List college and community activities in which you participated. Include dates.

List all volunteer and/or paid positions. Include dates.