Alpha Gamma Delta Eta Alumnae Scholarship

Eligibility

To be eligible for the Alpha Gamma Delta Eta Alumnae Scholarship award a candidate must:

Be a sophomore or junior who <u>will be enrolled as a **junior** or</u> <u>senior for the upcoming academic year</u> at an accredited Indiana college or university.

Maintain a minimum 3.0 GPA.

<u>Criteria</u>

The following four criteria are used to evaluate candidates for the Alpha Gamma Delta Eta Alumnae Scholarship:

Intellectual and social commitment Scholastic ability Extracurricular achievements; Ability to articulate a career plan that shows motivation, initiative and commitment.

Deadline: January 20, 2023

Alpha Gamma Delta Eta Alumnae Scholarship c/o Putnam County Community Foundation 2 S. Jackson St. Greencastle, IN 46135 Phone: 765-653-4978 Fax: 765-653-6385

Application Checklist

The applicant is responsible for submitting all material in one envelope to:

AGDEAS c/o Putnam County Community Foundation 2 S. Jackson St. Greencastle, IN 46135

Packet must arrive by January 20, 2023

- This checklist must be signed by the applicant and included in the application packet.
- The scholarship committee will only consider those applicants who have submitted completed packets on time.
- All applicants selected for a personal interview must be available in Greencastle on Saturday morning February 18, 2023.

I have enclosed the required documents as listed below:

- Application Checklist—completed and signed.
- Scholarship Application—complete and signed.
- Transcripts from my college/ university in the original, sealed envelope from the institution.

Three letters of recommendation.

Note: Recommenders should sign across the seal of the envelope and return the letter to you to include in your application packet. Letters from relatives or classmates will not be considered. It is the applicant's responsibility to make sure the letters are collected in time to be submitted in the packet.

Applicant Information:

Name of my college/ university: 0	Current year in school:
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Major: _____ Minor: _____ Overall GPA: _____

Complete the following:

The recommendations are from the following people. Include their addresses.

1.	 	
2.	 	
3.	 	

I have checked the material required in this packet and have determined them to be completed and accurate to the best of my knowledge. If selected for an interview, I will be available to attend a personal interview in Greencastle on the date stated above.

Alpha Gamma Delta Eta Alumnae Chapter Scholarship Scholarship Application Please complete this application in your handwriting

APPLICANT INFORMATI Full Legal Name:		
Full Legal Name:	First	Middle
		Zip:
		r
Date of Birth:/	_/ Place of Birth:	
FAMILY INFORMATION Father's Name:		
		Middle
	Stata	
		Zip:
Last	First	Middle
Mother's Address:		
		Zip:
Mother's Place of Employmer	nt:	
If you do not live with both pa	rents, with whom do you live?	
Guardians Name and Address	(If applicable)	
SECONDARY SCHOOL IN Please list all secondary schoo Name of High School: Address:		
		Zip:
		/onth/ Year- End Month/ Year)
Dates of Attendance:/	_/ / / (Begin N	/Ionth/ Year- End Month/ Year)

COLLEGE/ UNIVERSITY INFORMATION

Recipients of the Alpha Gamma Delta Eta Alumnae Chapter Scholarship must be preparing to enter either their junior or senior year at an accredited Indiana college or university.

Please list all colleges/universities you have attended

Name of College/ Universit	y:		
City:			
Dates of Attendance:/			
Other Schools Attended:			
Dates of Attendance:/	to/	_(Begin Month/ Year- En	d Month/ Year)
Which College or Universit	y do you plan to	attend if awarded the <i>Alp</i>	ha Gamma Delta Eta
Major:			
Career Goals:			
APPLICANT PROFILE 1. Academic Achievement Your grades earned. List below academ			
2. College/University Activities to a significant degree and to whic involvement.			
3. Work Experience (Full or Par Employer Jo	t-time) b Description	Hours Per Week	Dates (Mo./Yr.)

4. Which of your accomplishments during the last three years do you consider most valuable and significant? Why? (Remember, and accomplishment is something you have done though an award may not have been bestowed upon you.)

5. Please discuss any special talents or interests not previously mentioned.

6. Is there anything else you wish the Selection Committee to know about your candidacy?

ESSAY

The content and style of your essay will be important to the success of your scholarship application.

State your plans for the future, who or what influences those plans, and the reason you seek this scholarship.

CERTIFICATION

The information reported on this application is complete and correct to the best of my knowledge. I will inform the Alpha Gamma Delta Eta Alumnae Chapter Scholarship Committee promptly of any changes in my circumstances or the status of my enrollment at an accredited college or university.

Signature

Date

Alpha Gamma Delta Eta Alumnae Chapter Scholarship

Request for Recommendation For

Name of Scholarship Candidate

Note to Recommender; the above-named person is a candidate for the Alpha Gamma Delta Eta Alumnae Chapter Scholarship which is supervised by the Putnam County Community Foundation in Greencastle, Indiana. The candidate has authorized you to share any information you feel would be helpful in reviewing his/her application for this award. Please be candid. Recommendations will be held in strict confidence and will be used only by the Selection Committee in determining award eligibility.

Please complete the information on this form and provide additional information on a separate sheet above your signature.

I have known		for	years as a	
	Name of Applicant	Number of Years	Relationship	

Please circle one response:

1. In terms of Academic Promise, I	High Enthusiasm	Fairly Strongly	Not Recommended
recommend this person with:			
2. In terms of Character, I	High Enthusiasm	Fairly Strongly	Not Recommended
recommend this person with:			

The Selection Committee is interested in learning about the candidate through your comments. In your letter please share your opinion and any experiences you can describe that would support the candidate's scholastic motivation, creativity, self-discipline, speaking, writing or analytical ability, and overall responsibility. Also, please describe any circumstances in this candidate's background that may warrant special consideration.

Signature of Recommender		_ Date
Profession	Title	

<u>Please return this form and your letter</u> to the candidate in an envelope that you have sealed and then signed across the sealed flap. Candidates are to combine all materials into one packet for submission.

Thank you.

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