# Alpha Gamma Delta
# Eta Alumna Scholarship

## Eligibility

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

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

Maintain a minimum 3.0 GPA.

## Criteria

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 15, 2027**

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 15, 2027

- 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 to be in Greencastle on Saturday morning **February 20, 2027. You will be notified about interviews by February 6.**

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: _____ Current year in school:_____

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.

_____ _____
Signature of Applicant Date

# Alpha Gamma Delta
# Eta Alumnae Chapter Scholarship
# Scholarship Application

*Please complete this application in your handwriting*

## APPLICANT INFORMATION

Full Legal Name: _____
Last First Middle

College Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell: (_____)_____ Student ID Number _____

Date of Birth: _____/_____/_____ Place of Birth: _____

## FAMILY INFORMATION

Father's Name: _____
Last First Middle

Father's Address: _____

City: _____ State: _____ Zip: _____

Father's Place of Employment: _____

Móther's Name: _____
Last First Middle

Mother's Address: _____

City: _____ State: _____ Zip: _____

Mother's Place of Employment: _____

If you do not live with both parents, with whom do you live? _____

Guardians Name and Address (If applicable) _____

_____

## SECONDARY SCHOOL INFORMATION

Please list all secondary schools you have attended.

Name of High School: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates of Attendance: ___/____/___ ___/____/___ (Begin Month/ Year- End Month/ Year)

Other School(s) Attended _____

Dates of Attendance: ___/____/___ ___/____/___ (Begin Month/ 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/ University: _____

City: _____ State: _____ Zip:_____

Dates of Attendance: ___/____ to ____/___ (Begin Month/ Year- End Month/ Year)

Other Schools Attended: _____

Dates of Attendance: ___/____ to ____/___ (Begin Month/ Year- End Month/ Year)

Which College or University do you plan to attend if awarded the *Alpha Gamma Delta Eta Alumnae Scholarship*?

_____

Major: _____

Career Goals: _____

## APPLICANT PROFILE

1. **Academic Achievement** Your transcript will contain a summary of the subjects you have studied, and the grades earned. List below academic honors or awards you have received, and the year awarded.

_____
_____
_____
_____
_____
_____

2. **College/University Activities** List below all school and community activities in which you have participated to a significant degree and to which you have made a positive contribution. Indicate year(s) of your major involvement.

_____
_____
_____
_____
_____
_____

3. **Work Experience** (Full or Part-time)

Employer Job 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 recommend this person with: | High Enthusiasm | Fairly Strongly | Not Recommended |
| 2. In terms of Character, I recommend this person with: | High Enthusiasm | Fairly Strongly | Not Recommended |

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_____

Please return this form **and your letter** 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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