

**APPLICATION FORM
PHI CHAPTER SCHOLARSHIP
DELTA KAPPA GAMMA
(FEMALE APPLICANTS ONLY)**

Name: _____
Last
First
Middle

Address: _____
Street, P.O. Box or Rt.
City
County
State
Zip

Phone: _____ **Social Security#:** _____

Birthdate: _____ School Attending: _____

Name of Parent or Guardian:

Last
First
Middle

Address of Parent or Guardian:

Street, P.O. Box or Rt.
City
County
State
Zip

Taxable and Non-Taxable Annual Family Income: (Check One)

\$0 – \$9,999 \$20,000 – \$24,999
 \$10,000 – \$14,999 \$25,000 – \$29,999
 \$15,000 – \$19,999 \$30,000 and up

Are you presently employed? _____ If no, do you plan to work while attending college? _____ If yes, what kind of employment? _____

Name and address of employer (if employed): _____

Amount of salary you receive or will receive? _____

Have you applied or received any other award or grant to apply toward your college expenses? _____ If yes, please explain and state amount: _____

List school activities and organizations in which you have participated:

Activities / Organizations

Offices Held

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List community activities (church, civic, other volunteer service) in which you have participated: _____

Community activities continued:

List honors and awards you have received:

Attach a picture, a transcript, an essay, and two letters of recommendation to this application and mail to:

Shirl Williams
Scholarship Committee
Phi Chapter-Delta Kappa Gamma
c/o Jackson County School Board
2903 Jefferson Street
Marianna, FL 32446

Application deadline: April 30, 2019

