

*Florida Delta Omicron Chapter of  
of Alpha Delta Kappa  
St. Augustine, Florida*

1. Candidates are judged on the basis of scholarship, leadership and interest in the field of education. Selection is made without regard to race, religion, color, gender, national origin or ancestry.
2. The winner of this scholarship must provide the address of the college to the Alpha Delta Kappa treasurer upon enrollment in the fall and provide proof of enrollment in the fall. A check will then be issued to the school in the name of the recipient.
3. Only students planning to enter the field of education should apply.
4. Fill out the application and use the reverse side if additional space is needed. When doing so, include the appropriate item number.
5. Place the completed application in an envelope along with the following information:
  - a. An official high school transcript
  - b. Two letters of recommendation from your high school teachers or counselor
  - c. Any clippings or other evidence showing your participation in school and in the community
6. To be eligible for consideration for the current year, all applications must be received by the Delta Omicron Scholarship Committee by:

Friday, March 24, 2017

**Mail to:**

**ADK-DO Scholarship Committee  
202 Oglethorpe Blvd.  
St. Augustine, Florida 32080**

**Date:** \_\_\_\_\_

**1. Full name** \_\_\_\_\_

**2. Home address** \_\_\_\_\_

**3. City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**4. Home phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**5. Email address** \_\_\_\_\_

**6. College of accepted enrollment** \_\_\_\_\_

**Address** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**7. List any other scholarships you have received:** \_\_\_\_\_

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**8. What are your special interests:** \_\_\_\_\_

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**9. List the activities you have participated in at school and any offices**

**held:** \_\_\_\_\_

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**10. List any community activities you have taken part in and any offices held or leadership roles you have held:** \_\_\_\_\_

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**11. In what field of education do you intend to major?** \_\_\_\_\_

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**12. Why have you decided to go into the field of education and what do you think you can offer to the students in the classroom?**

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**I certify that the information on the application is correct.**

**Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_**