

Alpha Gamma Delta Eta Alumnae Scholarship

Eligibility

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

Be enrolled as a **junior** or **senior** for the upcoming academic year at an accredited **Indiana** college or university or accepted into a **post-graduate** degree program.

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: March 15th

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 materials in one envelope to:

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

Packet must arrive by March 15th

*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 the **second Saturday in April**.

I have enclosed the required documents as listed below:

_____ Application Checklist -- completed and signed.

_____ Scholarship Application -- completed 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 materials required in this packet and have determined them to be complete 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 second Saturday in April.

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

Address

City

State

Zip

Telephone ()

Social Security No.

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

Occupation/Title

Mother's Name

Last

First

Middle

Mother's Address

City

State

Zip

Mother's Place of Employment

Occupation/Title

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

Guardian's Name and Address (if applicable)

SECONDARY SCHOOL INFORMATION

Please list all secondary schools you have attended.

Name of High School

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)

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

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

7. Is there any thing else you wish the Selection Committee to know about your candidacy?

8. Letters of Reference Please list the names and addresses of three persons you have asked for a recommendation.

1. _____

2. _____

3. _____

ESSAY

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

In your own handwriting state your plans for the future, who or what influenced 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 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 # 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.