**KAPPA, KAPPA, KAPPA SCHOLARSHIPS**

**BETA DELTA CHAPTER**

**(for students entering college in the fall of 2019)**

Scholarships - $1000 each

**Marjorie Giffin Carothers**

**Katherine E. Garn**

**Judy Guild**

**Florence Hoham**

**Karen Metsker**

**Margaret Sherwood**

**Criteria for Applicants to the Tri Kappa Scholarships:**

1. Plymouth High School student, Marshall County resident
2. Acceptance by an Indiana accredited college, university, or trade school
3. You must be a fulltime student.
4. Tri Kappa members and relatives are not eligible to receive any of the above scholarships.

Instructions: Please fill out the **PHS common application form** **and also provide the following information:**

1. High school transcript which includes GPA and SAT/ACT scores
2. Please list: High school activities, Community Service, Work Experience, Leadership Positions, Awards Received. If these items are not on your resume, please include a sheet with these lists.
3. Essay
4. Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Scholarship Disclosure Form

**Scholarship Selection for above scholarships will be based on the following:**

Marjorie Carothers Scholarship Academics and Leadership

Judy Guild Honorary Scholarship Involvement in Activities, Community Service, and Leadership

Katherine Garn Scholarship Major in political science, government, or education

Florence Hoham Scholarship Major in business, finance, or accounting

Karen Metsker Scholarship Involvement in Community Service

Margaret Sherwood Scholarship Community service, agriculture or technical trades

In submitting this application, I hereby certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information will result in termination of consideration for this scholarship.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form Revised 2018**

Tri Kappa Scholarships

**Scholarship Disclosure Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College School ID Number: (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College School Email Address: (if known)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all scholarships or monies awarded payable toward the 2019-20 School Year in the space below:

(Include all local, state, and miscellaneous scholarships)

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| **Name of Scholarship** | **Amount** |
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I hereby certify that the information provided is complete and accurate to the best of my knowledge.

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Applicant Signature

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Date