

## MILDRED MCCORMICK MEMORIAL SCHOLARSHIP REQUIREMENTS

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The Mildred McCormick Memorial Scholarship is awarded to a full-time student of junior or senior status enrolled in education at an accredited institution of higher learning in Louisiana.

This scholarship is funded by Louisiana Alpha Delta Kappa members. When paying state dues, \$1 of each member's dues is ear-marked for this scholarship.

An applicant must be sponsored by a local chapter of Alpha Delta Kappa. It is understood that by signing this application form the applicant agrees to the following conditions:

1. The applicant must have at least a 3.0 (A=4.0) grade point average with no failing grade (F) for the semester prior to application.
2. The applicant must have financial need.
3. A recipient of the scholarship must follow regulations set forth by Louisiana Alpha Delta Kappa.
4. The applicant may be the child of an Alpha Delta Kappa member. Each member gives one (1) dollar annually which is included in the ten (10) dollar state dues. Additional money can be given to this fund as memorials, or in honor of a person, or for altruistic purposes.

Deadline for application to the State Scholarship Chairman is October 15 (fall semester) or April 15 (spring semester) of each year and will be awarded no later than December 1 (fall semester) or June 1 (spring semester) for use after that date.

Scholarship amount not to exceed \$1200 per year, awarded \$600 per semester. Note: Scholarship recipients attending a college/university on a quarter system will receive \$600 per semester for two (2) quarters—fall and spring.

**Louisiana Alpha Delta Kappa**  
**Mildred McCormick Memorial Scholarship**  
**Application**

The Mildred McCormick Memorial Scholarship is awarded to a full-time student anticipating junior or senior status enrolled in education at an accredited institution of higher learning in Louisiana.

An applicant must be sponsored by a local chapter of Alpha Delta Kappa. By signing this application form it is understood that the applicant meets the following eligibility standards:

1. The applicant must have at least a 3.0 grade point average with no failing grade (F) for the semester prior to application.
2. The applicant must have financial need.
3. The applicant for the scholarship must follow regulations set forth by Louisiana Alpha Delta Kappa.
4. The applicant may be the child of an Alpha Delta Kappa member.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
Last, First Area Code & Number

MAILING ADDRESS \_\_\_\_\_  
Number & Street City/State Zip /Parish

HOME ADDRESS \_\_\_\_\_  
Number & Street City/State Zip/ Parish

DATE OF BIRTH \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
(Sophomore, Junior, Senior)

INFORMATION ABOUT YOUR FAMILY: Full Name/ Employment

FATHER/GUARDIAN \_\_\_\_\_

MOTHER \_\_\_\_\_

SPOUSE \_\_\_\_\_

Is mother an Alpha Delta Kappa member? \_\_\_\_\_yes \_\_\_\_\_no

If so, \_\_\_\_\_ (Chapter Name)

If you still live with and/or are supported by your parents, how many dependents are supported by your parents? \_\_\_\_\_

If you have children whom you are supporting, then list their names and ages.

\_\_\_\_\_  
\_\_\_\_\_

**Louisiana Alpha Delta Kappa**  
**Mildred McCormick Memorial Scholarship**  
**Scholarship Recommendation**

TO: \_\_\_\_\_

Reference's Name and Title (please print or type)

RE: \_\_\_\_\_

Applicant's Name (please print or type)

This applicant has given your name as a person who can provide a reference on his/her qualifications and character. We want to award scholarships based upon future effect on education, need of the applicant, grade point average, professional pursuits and extra-curricular activities. We appreciate your assistance. The completed form should be returned to the sponsoring Chapter's President.

	Above Average	Average	Below Average	No Opportunity to Observe
Leadership Skills				
Intellectual Ability				
Scholarship				
Future Instructional Skill				
Efforts Toward Professional Growth				
Standing in School				
Financial Need				
Your General Estimate				

Additional Remarks \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Thank you for your time and assistance. Please sign below and return to the address listed below.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Return to: \_\_\_\_\_

**Louisiana Alpha Delta Kappa**  
**Mildred McCormick Memorial Scholarship**

Information about your Educational Background:

Name of High School from which you graduated: \_\_\_\_\_

Location of this High School (city, parish): \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

List all of your High School honors, club memberships, offices held:

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Name of College(s)/University(ies) attended (starting with the earliest):

Institution

Years Attended

_____	_____
_____	_____
_____	_____

Number of hours accumulated to date: \_\_\_\_\_

Current grade point average: \_\_\_\_\_

Anticipated date of graduation: \_\_\_\_\_

Field of education in which you are majoring: \_\_\_\_\_

List all extracurricular activities in which you are now involved:

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List all honors you have received at the collegiate level, including offices held:

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List your special interests and hobbies:\_\_\_\_\_

Information on your Financial Resources:

Other scholarships:\_\_\_\_\_

On-/Off-campus employment:\_\_\_\_\_

Briefly state your reason for applying for this scholarship, giving pertinent points to prove worthiness and need. (Additional page(s) may be attached.)

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This application must be accompanied by the following:

- A recommendation form from a faculty member of the College of Department of Education at the institution the applicant attends.
- A recommendation form from a person not related to the applicant
- A transcript of college credits earned to date

This completed application must be returned to the sponsoring chapter.

I certify that the information presented in this application is true and correct.

Signature of Applicant:\_\_\_\_\_Date:\_\_\_\_\_

Chapter sponsoring application:\_\_\_\_\_

Signature of Chapter President: \_\_\_\_\_Date: \_\_\_\_\_