

**APPLICATION FORM
 PHI CHAPTER SCHOLARSHIP
 DELTA KAPPA GAMMA**

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)

- | | |
|--|--|
| <input type="checkbox"/> \$0 – 4,999 | <input type="checkbox"/> \$15,000 – 19,000 |
| <input type="checkbox"/> \$5,000 – 7,400 | <input type="checkbox"/> \$20,000 – 24,999 |
| <input type="checkbox"/> \$7,500 – 9,999 | <input type="checkbox"/> \$25,000 – 29,999 |
| <input type="checkbox"/> \$10,000 – 14,999 | <input type="checkbox"/> \$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, 2017

