

SCHOLARSHIP APPLICATION

TRI-KAPPA SORORITY

EVELYN CRAIG MEMORIAL AWARD

NAME \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

NAME of Father or Guardian \_\_\_\_\_

Occupation and Employer \_\_\_\_\_

NAME of Mother or Guardian \_\_\_\_\_

Occupation and Employer \_\_\_\_\_

G.P.A. \_\_\_\_\_ Class Rank \_\_\_\_\_ OUT OF \_\_\_\_\_ students

Vocational \_\_\_ Academic \_\_\_ General \_\_\_ Majors \_\_\_\_\_ Minors \_\_\_\_\_

Extra Curricular activities, offices held, and special interest \_\_\_\_\_

Honors and Awards received \_\_\_\_\_

Future Career Goal \_\_\_\_\_

If you have work experience; list employers, positions, and length of employment \_\_\_\_\_

How do you plan to finance your education? (Include need for financial aid) \_\_\_\_\_

Please indicate why you have chosen to go on to school and your future goals \_\_\_\_\_

1. Attach a copy of your transcript of grades and credits. (Give application to counselor to have this done.)
2. Provide scores for SAT Score \_\_\_ Verbal \_\_\_ Math ACT Score Composite \_\_\_
3. Attach a letter explaining future plans, school activities, goals, financial need, etc.