

KAPPA KAPPA SIGMA SORORITY

THETA CHAPTER 2020 SCHOLARSHIP APPLICATION

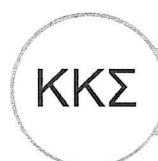
Theta Chapter of Kappa Kappa Sigma Sorority will be awarding a \$1,000.00 scholarship to a 2020 graduating senior, who is pursuing post-graduate work in a technical school, trade school, two-year or four-year college program. This scholarship will be awarded on the basis of financial need, character and personal development.

Students must complete the attached application and return it to their counselor to finalize. If you have any questions regarding the application process please contact our Scholarship Committee Chair, Judy Richardson at 27jarcsr47@att.net. All applications must be submitted no later than Friday May 1, 2020 to be considered.

Upon receiving the scholarship award, the recipient must provide a letter of acceptance from their chosen college and a copy of their class schedule before the 2018 fall semester begins. In the event the awarded recipient does not fulfill their obligations, the scholarship money is to be returned to our Scholarship Committee Chair and will then be awarded to a pre-determined alternate.

As it should be,

Theta Chapter Kappa Kappa Sigma Sorority



KAPPA KAPPA SIGMA SORORITY THETA CHAPTER

BCSC Scholarship Guidelines

- Any graduating high school senior from a Bartholomew County High School that meets the following criteria.
 - A. Family combined income level must show a financial need. Need is based on the Indiana Free and Reduced Lunch Guidelines. (www.doe.in.gov)
 - B. Student must possess a GPA of 3.0 or higher.
 - C. Student must be participating in extracurricular activities.
 - D. Student must have (2) character references plus a counselor evaluation.

Legacy Scholarship Guidelines

 Any graduating high school senior of an active member of Kappa Kappa Sigma Sorority – Theta Chapter that meets the same criteria listed above.

All scholarships are given based on the annual budget. As our budget allows we will give 1 or 2 BCSC scholarships with the amount being determined annually by the Theta Chapter Budget Committee. A Legacy Scholarship will be given which will be ½ of the dollar amount of the regular scholarship. Should we have more than one Legacy Scholarship request that year's budgeted amount will be split between all qualified applicants.

Should any scholarship recipient not fulfill their obligations they must return the scholarship award to Kappa Kappa Sigma – Theta Chapter where it will be awarded to a pre-determined alternate.

2020 Scholarship Application

		Applicant Inf	formation			
Full Name:	¥ 6			Date:		
	Last	First	M.I.			
Address:						
	Street Addre				Apartment/Unit #	
	City		State		ZIP Code	
	Phone:	Ema	ail			
		Vision (3)				
Mother's Na	ame: _					
Mother's E	mployer: _					
Father's Na	me: _		20-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-			
Father's En	nployer: _					
Approximate 2018			Income from			
Total Family	y income	\$	Support	\$		
Number of	Children					
Living at Ho						
Name of High School:						
0101 N 10010103110						
List all High School Activities including						
sports, club	os, etc.					
		Observator B	ž.			
	Dioseo liet	Character Re		aigh cohoc	ul topobor	
Please list and obtain (2) Character References. One should be a high school teacher.						
		3	Rela			
Address:			1797 - 1797 - 1797 - 1797 - 1797 - 1797 -	Phone:		
Full Name:		5	Rela	tionship:		
Address:				Phone:_		

	Employment				
Company:	Phone:				
A -1-1	500				
Job Title:	Hours per Full time / Part time week				
From: To: _	Reason for Leaving:				
Company:	Phone:				
Address:	Hours per				
Job Title:	Full time / Part time week				
Responsibilities:					
From: To:	Reason for Leaving:				
Do you plan to work while taking post-graduate studies?	Y/N				
Name of College you plan to attend:					
Why did you choose this College?					
What type of degree are you pursuing?					
List any other scholarships you have received:	\$ \$ \$				
Briefly explain why you are applying for this scholarship:					
	Disclaimer & Signature				
I hereby state that all the information provided above is true to the best of my knowledge.					
Date: Signature:					

Counselor Evaluation 5
Please give a brief evaluation of this student, addressing such issues as character, ability to adjust, relationship with peers and teachers, cooperation, attendance and potential for success, etc. Also, please attach a copy of the student's high school transcript.
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