

**CHI CHAPTER
SIGMA DELTA PI
SCHOLARSHIP APPLICATION**

Chi Chapter of Sigma Delta Pi is proud to announce the presentation of a \$1000 scholarship. This scholarship will be presented to a 2014-2015 graduating senior who plans to become a teacher and who is from a school where Chi Chapter members have taught; to a student of Ball State University or Indiana Wesleyan University already pursuing an education degree; or to a relative of a Chi Chapter member as a legacy award.

The scholarship recipient and parents will be invited to attend a special luncheon on Saturday, April 25, 2015, at noon. The luncheon is part of Sigma Delta Pi's Spring Convocation, which will be held at the Lake Placid Conference Center in Hartford City, Indiana. The student will be recognized at that time.

Completed applications should be postmarked by March 6, 2015, and submitted to Mrs. Pam Drago, 1410 N. Lafayette Drive, Muncie, IN 47303.

Ella Reff

Susan Fisher

Pam Drago

2014-2015 Scholarship Committee

Gloria Earl, Senior Preceptress, ex-officio

SIGMA DELTA PI MEMORIAL SCHOLARSHIP APPLICATION

(Please print or type)

NAME: First _____ Middle Initial _____ Last _____

HOME ADDRESS: Street _____

City _____ State _____ ZIP _____

HOME TELEPHONE NUMBER: _____ E-MAIL: _____

DATE OF BIRTH: Month _____ Day _____ 19 ____ MARITAL STATUS _____

NAMES OF PARENTS: _____ PHONE: _____

College or university you plan to attend or are currently attending _____

Educational field of special interest: Elementary _____ Secondary _____

Special Education _____ Other _____

On the lines below or printed on a separate sheet, list all school and community activities in which you have been involved.

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SCHOLASTIC INFORMATION

CUMULATIVE GRADE POINT AVERAGE (After 7 semesters) _____

(Based on a _____ point scale)

CLASS SIZE _____ **CLASS RANK** _____

SAT SCORES (if available): **VERBAL** _____ **MATH** _____

COUNSELOR'S VERIFICATION SIGNATURE _____

PERSONAL GOALS/OBJECTIVES

PLEASE DISCUSS WHY YOU WISH TO ENTER THE FIELD OF EDUCATION. INCLUDE ANY GOALS/OBJECTIVES YOU MAY HAVE AND HOW THIS SCHOLARSHIP WOULD BE USED TO HELP YOU MEET THEM. (Attach a typewritten copy.)

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COLLEGE PREFERRED:

1st Choice _____

2nd Choice _____

3rd Choice _____

Name of parent(s) or guardian(s) with whom you live:

Occupation of parent or guardian:

What is the extent of financial assistance from family
for your coming year of college? _____

Do you have any other immediate family members currently enrolled in college? _____

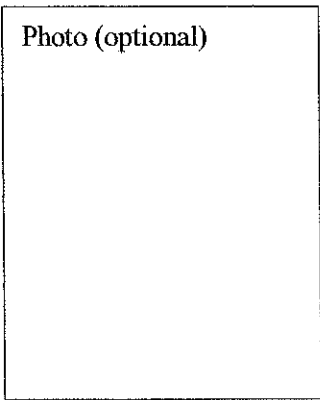
If so, how many? _____

Are there any family situations or conditions that you feel the scholarship committee should take into
consideration? _____

Are you now employed? _____

Would you be willing to work on campus? _____

Were there any particular experiences in your life which made you consider becoming a teacher? If so,
please share your thoughts.



SIGMA DELTA PI MEMORIAL SCHOLARSHIP

EMPLOYMENT ACTIVITIES

Please list places of employment, length of time, type of duties, and average weekly hours.

Place of employment	Grade 9, 10, 11, 12, or college	Length of employment	Type of Duties	Average hrs. per week

SPECIAL RECOGNITIONS, AWARDS, HONORS

Please list any special recognitions, awards, leadership roles, or honors you have received.

Type of honor or leadership (e.g., pres., sec.)	Grade (s) or year(s) of college

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RECOMMENDATION FROM EDUCATOR

PLEASE CONTACT A TEACHER OF YOUR CHOICE AND ASK HIM OR HER TO COMPLETE THIS EVALUATION.

PERSONALITY RECORD OF GRADUATING SENIOR OR UNIVERSITY STUDENT

(Confidential)

PERSONAL CHARACTERISTICS OF _____

(Student's name)

1 Exceptional

2 Good

3 Average

1	MOTIVATION			
2	WORK ETHIC			
3	SELF-MOTIVATION			
4	INFLUENCE AND LEADERSHIP			
5	CONCERN FOR OTHERS			
6	RESPONSIBILITY			
7	INTEGRITY			
8	EMOTIONAL STABILITY			

Do you feel this student has the necessary potentials for successful teaching?

Recommender's Signature _____ Title _____

To the Educator: Please return this form by Feb. 27, 2015, to the following Sigma Delta Pi Scholarship Committee Member: Mrs. Pam Dragoo Sigma Delta Pi, Chi Chapter 2410 N. Lafayette Dr. Muncie, IN 47303

SIGMA DELTA PI MEMORIAL SCHOLARSHIP

RECOMMENDATION FORM

To the applicant: Please select another individual other than a close relative for an additional recommendation; i.e., an employer or someone who did community service work with you.

(Please type or print)

APPLICANT'S NAME _____

RECOMMENDER'S NAME _____

RECOMMENDER'S POSITION _____

Phone number _____

Please write a statement based on your knowledge of the applicant. Please indicate your association with the applicant and the reasons you believe he/she would be worthy of the Sigma Delta Pi Memorial Scholarship. What do you see as the applicant's future in teaching? (You may attach an additional sheet if needed.)

RECOMMENDER'S SIGNATURE _____

RECOMMENDER'S ADDRESS _____

Date _____ Mail to: Pam Dragoo 1410 N. Lafayette Dr. Muncie, IN 47303

Ph. 747-0633