

To: Sullivan County High School Guidance Offices

From: Lisa Rose, Scholarship Chair, Alpha Delta Kappa-Mu Chapter

Re: Beth A. Clark Memorial Scholarship

Date: April 2, 2024

Please find enclosed the Beth A. Clark Memorial Scholarship application forms. You may copy these as needed for your students. Each student applying will need an official transcript from your office, the application itself, and two letters of reference. All applications are due to me by May 9, 2024. Students may mail/email them to me, or you can send them to me from your office, as long as they get to me by the specified date.

Scholarship applications may be mailed to me here:

**Mrs. Lisa Rose
PO Box 29
Kenoza Lake, NY 12750**

*****Applications may be emailed to: heartfelted09@gmail.com**

The winner and alternate will be notified by mail/email by me, and a letter will also be sent to your office after the committee's decision on May 16, 2024.

Thank you for your consideration in this matter.

Beth A. Clark Memorial Scholarship Mu Chapter – Alpha Delta Kappa

Alpha Delta Kappa International Honorary Sorority for Women Educators was established in Sullivan County in 1963. Our members are certified teachers, currently employed in the field of Education, or retired educators, who work in Sullivan County public and private schools.

Among the objectives of Alpha Delta Kappa is the promotion of a variety of educational and charitable projects. We support St. Jude's Hospital as well as several local charities. Mu Chapter works to support the educational activities of 4-H, Literacy Volunteers, Hope Ministries, and other local foundations.

The Alpha Delta Kappa Scholarship will be awarded to a Sullivan County student who will pursue a degree in education and has been accepted to an accredited college.

Applicants must submit the enclosed application, two letters of recommendation from two faculty members that discuss the applicant's teaching potential, and an **official high school transcript**. **Failure to meet any of the application requirements will disqualify the candidate.**

Applications must be sent to the following address **by May 9, 2024**.

Mrs. Lisa Rose
PO Box 29
Kenoza Lake, NY 12750

****Applications may also be emailed to: heartfelted09@gmail.com**

The recipient will be awarded a scholarship of \$350 upon receipt of an **official college registration form**, showing that the student has been accepted to and is anticipated to attend that college. The recipient will be notified of the award by mail prior to high school graduation. The student's guidance office will also be notified.

Alpha Delta Kappa
New York State Mu Chapter
Beth A. Clark Memorial Scholarship Application

Name: _____

Parents: _____

Address: _____

Birthdate: _____

Parent Address: _____

Phone: (home): _____

(cell): _____

Colleges applied to: _____

Parent Occupations: _____

College you plan to attend: _____

Sibling(s) & Age(s): _____

Planned College major: _____

Class Rank: _____

Grade point average: _____

Parent Net Income: _____

High School Clubs/Sports: _____

Special Notes/Extenuating Circumstances: _____

Email address: _____

See next page

