

MISSISSIPPI ALPHA DELTA KAPPA
Xi Chapter
Nita Wright Scholarship

Place
Photo
Here

STUDENT APPLICATION

Name _____

Address _____

Name and address of nominating Alpha Delta Kappa member

Education

| School | Dates of Attendance | Number of Hours/Credits Completed | Year of Graduation | Grade Point Average |
|--------|---------------------|---|-----------------------|------------------------|
| | | | | |
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Activities/Organizations/ Community Service (Complete chart or attach a resume)

| Activity | Dates of Participation | Activity | Dates of Participation |
|----------|------------------------|----------|------------------------|
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Future Educational Plans

Student Applicant's Signature _____ Date _____

Attach the following documents to this form:

1. **Three** letters of recommendation
2. High School and/or college transcript(s)
3. A **handwritten** letter from the student to the scholarship selection committee stating "Why I Need This Scholarship"

APPLICATION DUE DATE:
No later than March 1, 2020

SEND TO:

ATTN: Amy McPhail
500 Pirate Cove
Pearl, MS 39208
amcphail@pearlk12.com

*****May place packet in teacher mailbox**