

TRI KAPPA SCHOLARSHIP APPLICATION

Zeta Omega Chapter - Veedersburg, IN

NAME _____ DATE _____

ADDRESS _____

PHONE _____ DATE OF BIRTH _____ SSN _____

FATHER: Living: Yes ___ No ___ His full name _____

Address _____

Employed: Yes ___ No ___ Occupation _____

Where Employed _____
Company Address

MOTHER: Living Yes ___ No ___ Her full name _____

Address _____

Employed: Yes ___ No ___ Occupation _____

Where Employed _____
Company Address

Are there other children in your family living at home? Yes ___ No ___

Will there be other siblings attending college who are receiving financial support from your family? Yes ___ No ___ If yes, now many _____

Legal Guardian: Name _____ Date appointed _____

Address: _____

Do you have any physical handicaps or health problems? Yes ___ No ___

If yes, explain _____

What are your hobbies? _____

What is your church affiliation? _____

HIGH SCHOOL ACTIVITIES - List organizations and offices held

Class Rank _____

Honors received in high school - List:

What is your vocational objective? _____

Who is financing your college education? _____

Have you applied for other scholarships? Yes ___ No ___

If yes, what types? _____

Annual value _____

Have you been awarded a scholarship? Yes ___ No ___ If yes, what types? _____

Will you have to earn any part of your college expenses? Yes ___ No ___

When do you plan to enter college? _____

What college do you plan to attend? _____

Have you been accepted by this college? Yes ___ No ___

*Please list two names for recommendations (attached):

**Write and attach a composition of approximately 200 words stating why you want this scholarship. It should be typed or hand written (in ink). Neatness, grammar, spelling, and punctuation will be considered.

DEADLINE: DUE TO THE GUIDANCE DEPARTMENT APRIL 1.