

**HAWAII ALPHA DELTA KAPPA**  
**Member Scholarship Application**

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Position/Grade level \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: home \_\_\_\_\_ cell \_\_\_\_\_ emai \_\_\_\_\_

Chapter \_\_\_\_\_ Years in chapter \_\_\_\_\_

Have you previously received a scholarship from Alpha Delta Kappa? \_\_\_\_\_ If yes, when and what kind of scholarship was received? \_\_\_\_\_ Amount \_\_\_\_\_

State the purpose of your workshop/training/study or your proposed project. Include details regarding the nature of the study or project.

Describe how the project will be implemented and how it will enhance student learning.

Explain how teaching standards and policies are connected to the project. Include any innovative teaching practices that the project will implement.

List projected costs.

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Scholarship to be used for: tuition/registration materials \_\_\_\_\_

other (describe) \_\_\_\_\_

Total projected expenses: \_\_\_\_\_ Amount requested: \_\_\_\_\_

Start date \_\_\_\_\_ Completion date: \_\_\_\_\_

Note: No award shall be retroactive. Training or project must be current and not be completed before the application process.

**AGREEMENT:**

Upon being granted a scholarship, I understand that if my Completion Report is not submitted within three months after the stated completion date, I am required to reimburse HAΔK the total amount awarded to me.

Signed \_\_\_\_\_  
Applicant

**DEADLINE:**

The application must be postmarked by **February 13, 2027**, to the Scholarship Committee Chairperson. Address to be forwarded to Scholarship Chapter Chairs.

**Note:**

**We prefer that applications be sent electronically by email to:** Jean Suzuki,

jsuzukihiadkzeta@gmail.com

# **Hawaii Alpha Delta Kappa Scholarship**

## **Completion Report**

Name of Recipient\_\_\_\_\_

Project Title/ Course of Study\_\_\_\_\_

\_\_\_\_\_

Starting Date\_\_\_\_\_ Completion Date\_\_\_\_\_

Summarize completed project/course of study (attach additional sheets if needed)

This form should be completed and submitted to the current State Scholarship Committee Chairperson within three months after your completion date. Please attach a copy of receipts for the course of study or purchased materials for the project.

Upon being granted a scholarship, I understand that if my Completion Report is not submitted three months after the above completion date, I am required to reimburse HADK the total amount awarded to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_