**HAWAII ALPHA DELTA KAPPA**

**Teacher Scholarship Application**

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

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

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

Phone: home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

State what you expect to learn from this experience.

What will students learn and do after your training or from your project? What will be the benefit to the students?

over

p.2/2

**HAWAII ALPHA DELTA KAPPA**

**Teacher Scholarship Application**

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 prior to the application process.

Required: Please include a head-shot photo of yourself with your application. Digital file is preferred.

**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:**

Application must be postmarked by **February 15** of each year to the Scholarship Committee Chairperson.

For the 2018 – 2020 Biennium, submit application to:

Beverley Tasato

95-1018 Hookaau St.

Mililani, HI 96789