

February 28, 2022
ADK
Ms. Judy Meyer
905 Troon Court
Schererville, IN 46375
219-718-1358

To Whom It May Concern:

Enclosed please find an application for a \$1,000.00 scholarship that is being awarded by our honorary sorority for women educators, Alpha Delta Kappa- Beta Epsilon Chapter.

This scholarship is awarded in memory of Kathy Brunke who passed away on July 18, 2009 at the age of 61. She was a beloved teacher and member of Alpha Delta Kappa.

Please pass the application on to any senior student, as soon as possible, who will be entering an institution of higher learning during the 2022-2023 school year. This student can be either male or female but must declare intent to major in the field of education.

The deadline for submitting the application is April 25, 2022.

Please feel free to duplicate this application and distribute it to all seniors who are interested and are eligible.

Sincerely,



Judy Meyer

**KATHY BRUNKE MEMORIAL SCHOLARSHIP
ALPHA DELTA KAPPA-BETA EPSILON
SCHOLARSHIP GUIDELINES**

Alpha Delta Kappa is an international honorary sorority for women educators. Its purpose is to promote high standards of education and to assist in strengthening the status of the teaching profession. Beta Epsilon is a chapter of Alpha Delta Kappa located in the south suburban area of Chicago with members from the suburbs and Northwest Indiana.

1. Beta Epsilon will award a \$1000.00 scholarship yearly. In the case of equal qualifications the scholarship may be divided between the qualified applicants into two \$500.00 scholarships.
2. Applicant must be enrolled in an institution of higher learning for the school year 2021-2022 before a check will be issued.
3. Applicant must be majoring in the field of Education
4. **IMPORTANT ---** Applicant must have maintained a "B" average through his/her junior year of high school
5. Applicant must submit a completed letter of recommendation by a faculty member or counselor
6. Application must be received by the deadline date of **April 25, 2022**
7. A committee of ADK/Beta Epsilon members will recommend the scholarship recipient to the chapter.

Please mail to:

ADK

Ms. Judy Meyer

905 Troon Court

Scherville, IN 46375

**KATHY BRUNKE MEMORIAL SCHOLARSHOP
ALPHA DELTA KAPPA- BETA EPSILON
SCHOLARSHIP APPLICATION**

RECOMMENDATION FORM

Please have a faculty member or a counselor complete the form below and attach it to a Letter of Recommendation.

Letter of Recommendation for:

Student's Name _____

High School _____

High School Address _____

Letter of Recommendation completed by:

Name _____

Title _____

Date _____ Phone Number _____

Signature _____

Mail to:

ADK
Ms. Judy Meyer
905 Troon Court
Schererville, IN 46375

Scholarship deadline: April 25, 2022

**KATHY BRUNKE MEMORIAL SCHOLARSHIP
ALPHA DELTA KAPPA – BETA EPSILON
SCHOLARSHIP APPLICATION**

NARRATIVE SECTION

Please attach a short narrative as to why you have chosen education as your profession.

Narrative submitted by:

Student's Name _____

High School _____

Date _____

Student's signature _____

**KATHY BRUNKE MEMORIAL SCHOLARSHIP
ALPHA DELTA KAPPA-BETA EPSILON
HONORARY TEACHERS SORORITY
APPLICATION**

1. Name _____

2. Address _____ City _____ State _____ Zip _____

3. County _____ Home Phone _____

4. High School _____
(Name)

_____ (Address)

5. Age _____ Birth date ____ / ____ / ____ Sex _____ Graduation Date ____ / ____ / ____

6. College you plan to attend _____
(Name)

_____ (Address)

7. Date of Entry ____ / ____ / ____ Career Objective _____

8. List school extra-curricular activities including athletics, music, etc. and offices held.
(If more space is needed, attach another sheet.)

9. Academic Awards of Honor:

10. List your community activities (non-school) including offices held:

11. Have you ever worked part-time during your school career? If so, list:

Where employed	Primary Responsibility	Dates	
		from	to
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The following information must be supplied by the applicant's parent or guardian.

1. Father's or Stepfather's name and address: _____
2. Mother's or Stepmother's name and address: _____
3. Father's occupation and business address: _____
4. Mother's occupation and business address: _____
5. Name and address of guardian if other than Mother or Father: _____

6. Please check the range of your family's annual income:

- | | |
|---|--|
| <input type="checkbox"/> Under \$20,000 | <input type="checkbox"/> \$61,000 to \$80,000 |
| <input type="checkbox"/> \$21,000 to \$40,000 | <input type="checkbox"/> \$81,000 to \$100,000 |
| <input type="checkbox"/> \$41,000 to \$60,000 | <input type="checkbox"/> Over \$100,000 |

*** Please enclose a high school transcript as of the last grading period which includes your ACT and SAT results.

I understand that if I fail to enter a college/university majoring in the education field, this scholarship for which I may be eligible, will be withdrawn and awarded to the next ranking candidate. I attest to the validity of the statement made on the application and agree to abide by the decision of the committee.

Signature of Applicant

Date

Signature of Parent or Guardian

Date