Theta Chapter of Kappa Kappa Sigma Sorority will be awarding a $1,000.00 scholarship to a 2020 graduating senior, who is pursuing post-graduate work in a technical school, trade school, two-year or four-year college program. This scholarship will be awarded on the basis of financial need, character and personal development.

Students must complete the attached application and return it to their counselor to finalize. If you have any questions regarding the application process please contact our Scholarship Committee Chair, Judy Richardson at 27jarcor47@att.net. All applications must be submitted no later than Friday May 1, 2020 to be considered.

Upon receiving the scholarship award, the recipient must provide a letter of acceptance from their chosen college and a copy of their class schedule before the 2018 fall semester begins. In the event the awarded recipient does not fulfill their obligations, the scholarship money is to be returned to our Scholarship Committee Chair and will then be awarded to a pre-determined alternate.

As it should be,

Theta Chapter
Kappa Kappa Sigma Sorority
**BCSC Scholarship Guidelines**

1. Any graduating high school senior from a Bartholomew County High School that meets the following criteria.
   
   A. Family combined income level must show a financial need. Need is based on the Indiana Free and Reduced Lunch Guidelines. ([www.doe.in.gov](http://www.doe.in.gov))
   
   B. Student must possess a GPA of 3.0 or higher.
   
   C. Student must be participating in extracurricular activities.
   
   D. Student must have (2) character references plus a counselor evaluation.

**Legacy Scholarship Guidelines**

1. Any graduating high school senior of an active member of Kappa Kappa Sigma Sorority – Theta Chapter that meets the same criteria listed above.

All scholarships are given based on the annual budget. As our budget allows we will give 1 or 2 BCSC scholarships with the amount being determined annually by the Theta Chapter Budget Committee. A Legacy Scholarship will be given which will be ⅔ of the dollar amount of the regular scholarship. Should we have more than one Legacy Scholarship request that year’s budgeted amount will be split between all qualified applicants.

Should any scholarship recipient not fulfill their obligations they must return the scholarship award to Kappa Kappa Sigma – Theta Chapter where it will be awarded to a pre-determined alternate.
2020 Scholarship Application

Applicant Information

Full Name: ___________________________ Date: ___________________________

Last _______ First _______ M.I. _______

Address: ___________________________

Street Address: ___________________________ Apartment/Unit #: _______

City: ____________________ State: ____________ ZIP Code: __________

Phone: ___________________________ Email: ___________________________

Mother's Name: ___________________________

Mother's Employer: ___________________________

Father's Name: ___________________________

Father's Employer: ___________________________

Approximate 2018 Total Family Income: $ _______

Income from Child Support: $ _______

Number of Children Living at Home: _______

Name of High School: ___________________________

List all High School Activities including sports, clubs, etc.: ___________________________

Character References

Please list and obtain (2) Character References. One should be a high school teacher.

Full Name: ___________________________ Relationship: ___________________________

Address: ___________________________ Phone: ___________________________

Full Name: ___________________________ Relationship: ___________________________

Address: ___________________________ Phone: ___________________________
Employment

Company: ___________________________ Phone: ___________________________
Address: ___________________________

Job Title: ___________________________ Full time / Part time Hours per week
Responsibilities: ___________________________
From: ____________ To: ____________ Reason for Leaving: ___________________________

Company: ___________________________ Phone: ___________________________
Address: ___________________________

Job Title: ___________________________ Full time / Part time Hours per week
Responsibilities: ___________________________
From: ____________ To: ____________ Reason for Leaving: ___________________________

Do you plan to work while taking post-graduate studies? Y / N

Name of College you plan to attend: __________________________________________

Why did you choose this College? __________________________________________

What type of degree are you pursuing? _______________________________________

List any other scholarships you have received: __________________________

Briefly explain why you are applying for this scholarship: _______________________

Disclaimer & Signature

I hereby state that all the information provided above is true to the best of my knowledge.

Date: ___________________________ Signature: ___________________________
Please give a brief evaluation of this student, addressing such issues as character, ability to adjust, relationship with peers and teachers, cooperation, attendance and potential for success, etc. Also, please attach a copy of the student's high school transcript.