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# **Tau Delta Sorority Scholarship**

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## **ELIGIBILITY/CRITERIA**

The Tau Delta Sorority has been committed to charitable and community service in Adrian.

This scholarship will be awarded to the student who has exhibited a high degree of involvement in school and community activities. Preference will be given to a relative of an active member of Tau Delta Sorority. Candidates must also have:

- Attended AHS their junior and senior years
- A minimum 3.0 GPA

## **APPLICATION PROCEDURES**

- Submit Adrian High School Scholarship Application  
(Including all attachments listed on the application)
- Attach a letter of acceptance from the accredited post-secondary institution you plan to attend



# Adrian High School Scholarship Application

Common application for ALL Adrian High School Scholarships

**A Separate Packet is needed for each Scholarship**

NAME OF SCHOLARSHIP: \_\_\_\_\_

Be sure to submit all necessary documentation listed below. Incomplete applications will not be considered. Submit a SEPARATE common application and documentation for EACH SCHOLARSHIP. **DO NOT STAPLE!**

Applicant's Name: \_\_\_\_\_

Parent Names \_\_\_\_\_

Parent Employer(s) \_\_\_\_\_

Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home phone number \_\_\_\_\_ Student cell phone \_\_\_\_\_

Planned course of study \_\_\_\_\_

Are there additional sources of financial support anticipated to fund your college education? YES NO

**Attach to this application a copy of the following in the order listed:**

- ☐ Current High School Grade Transcript
- ☐ College Acceptance Letter
- ☐ Activities resume (including awards, volunteer, work and school activities, and community service)
- ☐ 2 Letters of recommendation from faculty, administration or a responsible community person (not related to the applicant), unless a different request is stated for a specific scholarship. **Review each scholarship for “specific requirements”.**
- ☐ Brief written essay explaining “Why I think I should be the recipient of this scholarship.”
- ☐ **Review each scholarship for “specific requirements”.**

**Return Completed Application and Additional Material (if required)**

**to the Counseling Center by Thursday, April 14, 2022 at 3pm**

**I authorize the release of my high school grades, test scores, and other pertinent information in my high school file to the Selection Committee.**

*I understand that this scholarship, if granted to me, is for pursuing the course of study at the college/university stated in the application. If for any reason my plans change before beginning my freshman year, I will inform the Scholarship Committee/AHS Business Office by letter. At that time the Scholarship Committee/AHS Business Office will have the right to reevaluate my application and revoke my scholarship.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_