

**Alpha Beta Chapter of Tri Kappa
Women's Continuing Education
Scholarship Application
Postmark Deadline June 1st**

Applicant Name: _____

Address: _____

Phone: (____) _____ Cell:(____) _____

Email: _____

Marital Status: _____ Number of Dependants: _____

Place of Employment / Position: _____

Spouse's Name and Occupation: _____

School Last Attended: _____

Date (year) Last Attended: _____

Address: _____

Office of Admissions Phone: (____) _____

School Presently Attending: _____

Address: _____

Office of Admissions Phone: (____) _____

Scholarship Criteria

- Must have been out of school a minimum of 5 years
- Must be enrolled in a minimum of 3 credit hours
- Must be a Boone County resident
- Must provide proof of enrollment
- Must provide 2 letters of recommendation from sources other than family:

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- One Personal Reference
- One Professional Reference

Reason for applying for this scholarship (or attach a separate sheet):

Applicant's Signature: _____ Date: _____

Submit application postmarked by April 1st to:

Tri Kappa
Continuing Education Scholarship
P.O. Box 756
Lebanon, IN 46052