



## *Kansas Alpha Delta Kappa* *2021 Scholarship Application*

Name: \_\_\_\_\_ Chapter: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

The 2021 State Scholarship, in the amount of \$250.00, may be used for a class or educational activity that has not been completed at the time the scholarship is awarded. Describe how you will use these funds.

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Date of class or activity: \_\_\_\_\_

How will this scholarship impact your teaching? How will your students benefit?

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The recipient of this scholarship is to receive the award in person at the Sunflower Summit. She will be asked to report, on the scholarships use, in person or in written form at the following year's State Convention.

**DEADLINE POSTMARKED BY: May 1, 2021**

Signature of Applicant

**Mail application to:**

***Dixie Westervelt, Beta  
State Scholarship, Chair  
2343 220<sup>th</sup> Road  
Robinson, KS 66532  
Questions: [dixiel76@rainbowtel.net](mailto:dixiel76@rainbowtel.net)***

Signature of Chapter President