

Kappa Delta Pi Scholarship Application

Name of Applicant (Last, First, Middle) _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Degree sought _____ GPA _____

Kappa Delta Pi Membership Number _____
(or date initiated)

Please list college activities, leadership positions, and honors, with an emphasis on what you have done for our local Mu Gamma Chapter of KDP.

Please list community activities including employment and other responsibilities.

Explain why you need this scholarship at this time.

DUE TO DR. EISENWINE (or put in her box in Carr 145) BY MARCH 25th.