number of pages including cover sheet: 4
attention to: Barbara Gordon
company: MSU - Bozeman
phone #: (406) 994-2508
fax #: (406) 994-6834

comments:
Thank you, Barbara for your help with our Alpha Delta Kappa scholarship.

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Montana Alpha Delta Kappa
Student Application Form
Jean Eller Memorial Scholarship
($1,000.00)

Montana ADK Education Scholarship program goals are:
1. To recognize and reward outstanding academic achievement;
2. To strengthen the status and advancement of the teaching profession;
3. To promote the field of education as a positive, challenging and rewarding career choice;
4. To encourage participation in life-long learning opportunities;
5. To assist individuals in meeting the financial demands of higher education.

*Note: If additional room is needed to respond to any of the following questions, please attach a sheet of paper to the back of this application form.

Applicant Requirements: Applicant must be a female and pursuing a degree in education and is either in her junior or senior year of college.

Date ________________________

Full Name ________________________________
Present Address ___________________________________________________________

Telephone number ___________________________ E-mail (optional) ___________________________

Please include a typed paragraph(s) containing the following information: hometown address, date and place of birth, high school activities and organizations in which you participated, high school honors and awards you received, college/university you attend at present time, other colleges attended and dates of attendance, college/university activities and organizations in which you participate(d), college/university honors and awards received, extra curricular activities(include dates or hours involved), church and community activities, work experience and post-graduation plans. Professional appearance should include neatness, correct grammar and spelling, format to use is Times New Roman 12 point double spaced.

Expected date of college graduation: ______________________

Major ________________________ Minor ________________________
Credits earned ________________ College/University GPA ________________
SAT or ACT Scores ________________
Check methods used to finance your college education:

- Part-time work
- Summer work
- Parent help
- Student loans
- Grants
- Other (please specify)

Check if your mother is an active Montana Alpha Delta Kappa member. Please list name and name of chapter.

Other information you would like to be considered:

You will need to have the following:

- **LETTER OF RECOMMENDATION**: You will need to have three letters of recommendation. One of those letters must be from one of your professors or your advisor. The other two may be from college professors or from a current/recent work supervisor/employer, a high school teacher or counselor. These letters of recommendation may either accompany this application form or be sent directly to the Montana State Alpha Delta Kappa Scholarship Chairman whose name and address is printed below.

- **AUTOBIOGRAPHICAL ESSAY**: Include with this application a three hundred word autobiographical essay in which you tell about your family, your goals and objectives, your philosophy of education, your reasons for selecting teaching as a career and your experience with children. Professional appearance should include neatness, correct grammar and spelling, format to use is Times New Roman 12 point double spaced.

- **A LETTER OF ACCEPTANCE INTO THE SCHOOL OF EDUCATION**
- **A COPY OF YOUR SAT/ACT SCORES**
- **A COPY OF YOUR COLLEGE/UNIVERSITY TRANSCRIPTS**

Completed application form should be sent to:

Montana Alpha Delta Kappa Scholarship Chair
Joanne Timmons-DeSaveur
3672 W. Granger Ave.
Billings, MT 59102

E-mail address - joannet@bresnan.net
Phone number 406-254-2694(H) or 855-1251(C)

Presented at Spring Executive Board
May 1, 2010
Dillon, Montana
Application should be postmarked **NO LATER than**: November 30, 2015
(Scholarship to be awarded early Jan. 2016, for Spring Semester 2016)

*Note: This form and the accompanying photograph will not be returned to any applicant and becomes the property of Montana Alpha Delta Kappa. If you are selected as the winner of the scholarship you will be asked for your social security number. Please don’t send your social security number via e-mail. You will only be asked by the Scholarship Chair for this number via the telephone.*

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**Signature of Applicant**

**Date**

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**Student Check List**

- A completed application form
- A letter of recommendation from a sponsoring Alpha Delta Kappa Chapter, if applicable
- Autobiographical essay
- College/university transcripts
- Copy of SAT or ACT Scores
- College/university acceptance letter
- Three letters of recommendations
- Recent wallet size photo