



PHI DELTA KAPPA FLORIDA NU INC. TRACY SAVOIA SCHOLARSHIP APPLICATION

The purpose of the Phi Delta Kappa Scholarship Fund Inc. is to promote a fellowship within its members of the national fraternity and anyone who wishes to apply. The Florida Nu chapter of Phi Delta Kappa has established a scholarship in loving memory of Tracy Savoia and all other beloved departed brothers and sweethearts of Florida Nu. The Florida Nu Scholarship Fund is a scholarship for those who can best articulate the importance of community as well as how they have contributed to their community.

Included herein is the Tracy Savoia Scholarship application to the Florida Nu chapter of Phi Delta Kappa Scholarship Fund Inc. The Phi Delta Kappa Scholarship Fund Inc. is a non-profit equal opportunity organization and will not allow discrimination based upon age, ethnicity, ancestry, gender, national origin, disability, race, size, religion, sexual orientation, socioeconomic background, or any other status prohibited by applicable law. The scholarships are awarded based upon the criteria as set forth in this application, as well as the accompanying essay requirements.

Scholarships are made payable to the student and the educational institution at which the student is enrolled. The institution need not be an academic university or college, as both technical and trade schools, as approved by the United States Department of Education, are qualified institutions for the scholarship.

To apply for a scholarship, the student should complete the enclosed application packet and return it along with the documents requested on the application. Send the completed application and requested documents to:

Phi Delta Kappa Florida Nu Inc.
Attn: Scholarship Chairman
P.O. Box 5627
Lake Worth, FL 33466

Completed scholarship applications **MUST** be submitted to the above address no later than **June 1st** in order to be considered for award for the following school year. Scholarships will be awarded at the beginning of the Fall Semester of each academic year.

THE SCHOLARSHIP FORM MUST BE COMPLETE AND REQUESTED DOCUMENTS INCLUDED FOR THE APPLICATION TO BE CONSIDERED.

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TRACY SAVOIA SCHOLARSHIP APPLICATION**

APPLICANT INFORMATION

First Name: _____ **MI:** _____ **Last Name:** _____

Permanent Address: _____

Date of Birth: ____/____/____ **Daytime Phone:** (____)-____-____

Email: _____

EDUCATIONAL INFORMATION

High School Attended: _____ **Graduation Date:** ____/____ (MM/YY)

Grade Point Average: _____ (A copy of your most recent grade transcripts **MUST** be included with this application.)

Major/Area of Study: _____ **College Start Date:** ____/____ (MM/YY)

College/Institution Attending: _____

College/Institution Address: _____

The following statement must be signed by the applicant:

“The information given herewith is true and accurate to the best of my knowledge.”

Applicant Signature: _____ **Date:** _____

Applicant Printed Name: _____ **Date:** _____

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Please provide the following information alongside your application:

- 1. Letter of acceptance from the college/institution.**
- 2. Two (2) letters of recommendation from the current facility.**
- 3. A short essay (500 words or less) covering the following questions:**
 - a. How have you contributed to your community?**
 - b. How have you learned from your community service?**
 - c. How do you plan to continue to support your community in the future?**
- 4. A statement as to why you are seeking financial aid.**
- 5. Copy of most recent grade transcript.**

All applications MUST be complete. Complete meaning fully filled out and requested documents included. Incomplete applications cannot be considered and will not be returned.

Applications MUST be postmarked no later than June 1st.

Please mail application and all required documents to:

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