

Alpha Delta Kappa, Delta Chapter Alice Bounds Memorial Scholarship

Alpha Delta Kappa is an international honorary sorority for women educators. Delta Chapter of Alpha Delta Kappa sponsors a renewable scholarship.

The Alice Bounds Memorial Scholarship is open to any current high school senior in Madison County, Alabama. The student must currently attend an accredited high school in Madison County, Alabama. The student should also expect to enroll in a 2 year or 4-year college or university next fall and must meet the eligibility requirements. This is a one-year scholarship renewable in the amount of \$1000 per year for a total of 4 years. The scholarship will be paid to the designated college or university in June of each year.

Eligibility Requirements

1. Student will pursue an education degree from an accredited institution.
2. The student must have a 3.0 cumulative grade point average.
3. Applicant must be a resident of Madison County, Alabama.

If you qualify and are interested in applying, please complete the attached scholarship application. The application and required documents must be postmarked by April 1, 2026, and mailed to the following:

Donna Daniel
Delta Chapter Scholarship Chair
647 Nix Road
Hazel Green, AL 35750

Renewal Information

In order to renew this scholarship, it is expected that the recipient send a copy of the current college transcripts to Mrs. Daniel by May 31st of each academic school year. The student must maintain a 3.0 GPA while in college as well as be a full-time student (12 semester hours each semester during the academic school year). Mrs. Daniel will send a reminder to the recipient May 1st via mail, email, or text so please make sure that contact information is kept current.

Failure to send the transcripts and/or a change in major will render the scholarship null and void.

Contact info for Mrs. Daniel: 256-337-8383 or ddaniel9194@gmail.com

Alpha Delta Kappa Scholarship Application

Name: _____
Last Name First Name Middle

Address: _____
Street City State Zip Code

Date of Birth: _____
Month Day Year

Home Phone: _____ Cell Phone: _____

Home email: _____

High School: _____

School Address: _____
Street City State Zip Code

Father/Guardian

Name: _____

Address: _____
Street City State Zip Code

Phone: _____ Email: _____

Mother/Guardian

Name: _____

Address: _____
Street City State Zip Code

Phone: _____ Email: _____

How many siblings will be in college next year? _____

High School Grade Point Average: _____ (4.0 scale) _____ (numerical)

Have you been accepted at your school of choice? _____ If so, please submit a copy of your email/letter of acceptance.

Name of College or University: _____

Address: _____
Street City State Zip Code

Please submit the following:

- Two letters of recommendation, one from a teacher and another adult of your choosing (guidance counselor, coach, pastor, supervisor, or other qualified individual).
 - Your official high school transcript in a sealed envelope with the signature of your counselor or registrar's signature across the seal.
 - A typed list of your extracurricular activities (clubs, sports, fine arts groups, volunteer work, hobbies, jobs, etc.) including the years you participated.
 - A typed list of any awards or recognition you have received during high school.
 - A copy of your letter of acceptance from your college or university.
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Respond to the following questions. Feel free to respond on a separate sheet of paper.

1. Why have you chosen to become an educator?

2. What area of education do you wish to pursue? For example, what level – elementary, middle, or high school? If high school, what subject?

3. Describe how this scholarship will assist you in pursuing your degree.