BETSY IPOCK SCHOLARSHIP********

INTERNATIONAL SOCIETY FOR KEY WOMEN EDUCATORS
DELTA KAPPA GAMMA

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ALPHA PSI CHAPTER
BETSY IPOCK RECRUITMENT GRANT APPLICATION 2026

This grant is for female students or teacher assistants who plan on obtaining a degree in education.
CHECK ONE: ____high school senior ____community college educ. major ___teacher assistant

1.	Last Name:	First Name:
2.	Mailing Address: Street: City: State: Zip:	
3.	Phone Number: ( ) Email Address:	
4.	Date of Birth: Month Day Year Gender:	
5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale)	
6.	Name of High School or Community College you will be or are presently attending:	
7.	A. List any academic honors, awards and membership activities while in high school or community college (Use a separate sheet if necessary.) B. List your hobbies, outside interests, extracurricular activities and school-related volunteer activities: (Use a separate sheet if necessary.) C. List your non-school sponsored volunteer activities in the community: (Use a separate sheet if necessary.) D. List your work activities: (Use a separate sheet if necessary.)	
8.	College, University or Community College to be attended (or presently attending):	
9.	Have you been accepted to post high school study yet? _____ Where:	
10.	Field of Study (Must be education to receive grant)	

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STATEMENT OF ACCURACY FOR APPLICANTS

I hereby affirm that all the information provided by me is true and correct to the best of my knowledge. I also consent, if chosen as a grant recipient, that my picture may be taken and used to promote the **Betsy Ipock Recruitment Grant**.

I hereby understand that if chosen as a grant recipient, it is my responsibility to remit to the **Betsy Ipock Recruitment Grant** committee the appropriate information for my grant to be paid directly to the school for my fall semester 2026 or spring semester 2027.

I hereby understand that I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this grant.

_____ _____

Applicant Signature Date

***Community college students, this application should be signed by the appropriate advisor.**

To be completed by Guidance Counselor:

STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR/ADVISOR

I hereby affirm that this application meets the criteria set forth by this grant program and that I support this application to The Betsy Ipock Recruitment Grant

Name of Guidance Counselor/Advisor submitting the application:

_____

High School/Community College:_____

Counselor/Advisor Contact information (email and phone):

_____ _____

Guidance Counselor/Advisor Signature

Date

Please remit to: Mona Quick, chair of the Betsy Ipock Recruitment Grant Committee
Contact info: monaquick40@gmail.com 252-636-9236
Deadline for receipt of applications: Monday, April 13, 2026

For Grant use only:

Checklist

___ Application and Statement of Accuracy
___ Guidance Counselor/Advisor signature