



## *Beta Epsilon Chapter Scholarship*

The mission of this scholarship is to promote education as a noble profession. As a means to that end, we will provide a financial award to the recipients in their quest to become educators.

This \$1,000 scholarship will be awarded to a young woman from a public high school in Cambria County, Blair County or Conemaugh Township School District who will be pursuing a career in education.

Applicants are asked to complete the attached form. Please type or print your replies in blue or black ink. You may use other sheets to complete your answers.

Along with the completed application, please attach:

- an official school transcript indicating GPA and class rank
- two (2) letters of recommendation – at least one should be from one of your teachers
- documentation of acceptance into a college program
- signed consent form (attached) for the use of your image in any media we might choose to announce you as the scholarship recipient

Incomplete applications or missing components will not be reviewed.

All applications for this scholarship should be postmarked on or before **April 9, 2025**, to:

Amy Dobbins  
Beta Epsilon Scholarship Chair  
P.O. Box 106  
Sidman, PA 15955



*Beta Epsilon Scholarship*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Please list all school and community activities (including jobs) in which you have participated. Include any leadership positions you have held.

Please list all community service activities in grades 9-12 in which you have participated and include evidence of this service.

Please list all awards in grades 9-12 you have received, explaining each. Include any leadership positions these awards involved.

In 250-500 words, please explain why you want to enter the field of education. All essays should be original and written in the applicant's own words.

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**INTERNATIONAL SOCIETY FOR KEY WOMEN EDUCATORS  
DELTA KAPPA GAMMA**

Beta Epsilon Scholarship

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Name (Please print) \_\_\_\_\_  
 Street Address 1 \_\_\_\_\_  
 Street Address 2 \_\_\_\_\_  
 City, State, Postal Code \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Signature \_\_\_\_\_

If the person listed above is a minor, the parent or guardian must also complete this form.

Relationship to applicant \_\_\_\_\_  
 Name (Please print) \_\_\_\_\_  
 Street Address 1 \_\_\_\_\_  
 Street Address 2 \_\_\_\_\_  
 City, State, Postal Code \_\_\_\_\_  
 Signature \_\_\_\_\_