



National Sorority of Phi Delta Kappa, Inc.

Beta Omicron Chapter

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Basileus

Patricia Whitney

1st Anti Basileus

Leona S. Fowler

2nd Anti Basileus

Kristine Washington

3rd Anti Basileus

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Grammateus

Kemaleeka Davidson

Epistoleus

Cassandra Dantzler

Tamiouchos

Erika George

Tamias

Yvonne Ladson

Dean of Pledges

Noreen Little

Journalist

Susan Richards

Publicity Director

Evelyn Jemmott Jackson

Custodian of the Insignia

Carolyn Canty

Executive Advisor

Diane L. Hewitt

National Sorority Phi Delta Kappa, Inc.

Beta Omicron Chapter

Local Scholarship Guidelines

Dear Applicant:

The Beta Omicron Chapter of the National Sorority of Phi Delta Kappa, Inc., a professional organization of educators, awards scholarships annually to high school seniors who are residents of Queens and Long Island. These scholarship awards are presented at the chapter's Red and Gold Scholarship Luncheon in November.

The Applicant Shall:

- Be a high school senior who plans to enter college for the 2023-2024 school year.
- Be a graduating senior at the time application is submitted.
- Must attend an accredited college or university.
- Will receive a onetime award in the amount of \$1,000.
- Submit Scholarship packet via USPS to:
Ms. Diane Johnson, Scholarship Chair
740 Janos Lane
West Hempstead, NY 11552

Deadline: Applications are due to the local Scholarship chairperson by June 16, 2023.

Applicant Checklist

- Picture (2x3)
- Transcript signed and sealed
- Two (2) Letters of Recommendations
- Personal Statement/Essay
- Proof of Income
- Applicant and Parent/Guardian signatures

If you have questions, please email Ms. Diane Johnson:
dianejohnson300@gmail.com

Founders:

* Dr. Florence S. Hunt * Julia A. Barnes * Ella W. Butler * Marguerite Gross * Edna McConnell * Dr. Gladys C. Nunery * Dr. Gladys M. Ross * Mildred M. Williams * Deceased



National Sorority of
Phi Delta Kappa, Inc.

Beta Omicron Chapter Local Undergraduate Scholarship Application

Scholarship Form

Application MUST be submitted to the
Local Chapter Scholarship Chairperson to be considered

2022 - 2023

CHAPTER: Beta Omicron		REGION: Eastern	
CITY: Jamaica	STATE: New York	ZIP: 11434	
<ul style="list-style-type: none">• AN OFFICIAL HIGH SCHOOL TRANSCRIPT, WITH REGISTRAR'S SEAL, MUST ACCOMPANY THIS APPLICATION• MUST SUBMIT PARENTS/GUARDIANS PROOF OF INCOME, I.E. W2 FORM, LAST YEAR'S TAX RETURNS, GOVERNMENT EVIDENCE, ETC.			
APPLICANT, PLEASE ATTACH AN INDIVIDUAL WALLET SIZE 2" X 3" COLOR PROFESSIONAL PHOTOGRAPH (REQUIRED)	APPLICANT'S FULL NAME:		
	BIRTH DATE:	AGE:	
	SSN (LAST FOUR DIGITS)		
	HOME ADDRESS -		
	STREET ADDRESS:		
	CITY:	STATE:	ZIP:
	HOME PHONE:	CELL PHONE:	
	EMAIL ADDRESS:		
EDUCATIONAL INFORMATION			
FROM WHICH HIGH SCHOOL WILL YOU GRADUATE?	GRADUATION DATE:		
WHAT COLLEGE DO YOU PLAN TO ATTEND?	ENROLLMENT DATE (MONTH/YEAR):		
WHICH EDUCATIONAL DEGREE DO YOU PLAN TO PURSUE?			
YOUR HONORS AND AWARDS (can INCLUDE Community Activities)			
YOUR SCHOOL AND COMMUNITY ACTIVITIES			
Please list extra-curricular and community involvement during the past three (3) to four (4) years, including jobs, in the order of their interest to you. Examples: student government, dramatics, athletics, debating, publications, band, Girl Scouts, 4-H Club, church groups, etc.			
ACTIVITY, WORK EXPERIENCE OR ORGANIZATION	YEAR(S) OF PARTICIPATION AND/OR HOURS PER WEEK	POSITIONS/LEADERSHIP ROLES	

YOUR FAMILY

PARENT OR GUARDIAN'S NAME:		PARENT OR GUARDIAN'S NAME:	
OCCUPATION:		OCCUPATION:	
STREET:		STREET:	
CITY:		CITY:	
STATE:		STATE:	
ZIP:		ZIP:	
* ANNUAL INCOME \$:		* ANNUAL INCOME \$:	
HOW MANY DEPENDENT CHILDREN, INCLUDING YOURSELF, ARE SUPPORTED BY YOUR PARENTS OR GUARDIANS?			

* Proof of income, i.e. W2 form, last year's tax returns; statement of income from appropriate government agency, employer, verification of homeless status/unemployment or child support, etc. Applications will not be scored without required documentations.

LETTERS OF RECOMMENDATIONS

Two (2) letters of recommendation with original signature required, one of which must be from a school official.

NAME:		NAME:	
TITLE:		TITLE:	

PERSONAL STATEMENT (Please attach- 250 words minimum)

VALIDATION FORM

I did receive and fully understand the **Rules, Regulations, and Eligibility Requirements** of the undergraduate scholarship which is for applicants who are pursuing a college education. I further understand all documentation becomes the property of the National Sorority of Phi Delta Kappa, Incorporated; and, my photo may be used for publication.

APPLICANT'S SIGNATURE:		DATE:	
PARENT'S/GUARDIAN'S SIGNATURE:		DATE:	

LOCAL SCHOLARSHIP CHAIR NAME:	Ms. Diane Johnson		
LOCAL SCHOLARSHIP CHAIR MAILING ADDRESS	740 Janos Lane, West Hempstead, NY 11552		
CHAIR EMAIL:	Dianejohnson300@gmail.com		
INTERNAL	Date Application Received:		
Application Complete (Internal Purposes)	YES	NO	