

Foundation Use Only: Application # _____ Date Received _____

The North Carolina Delta Kappa Gamma Educational Foundation
2024 Phil Harrell Memorial Scholarship in Computer Science

Harrell Scholarships, \$2,500 each, are available to individuals enrolled as a sophomore or junior in a Computer Science degree program at a recognized college or university in North Carolina.

1. PERSONAL DATA:

Applicant's Name _____ Date of Birth _____

Mailing Address _____

Email Address _____ Phone _____

2. EDUCATIONAL PLANS (Current or Proposed Enrollment): Sophomore, Junior

College/University Degree/certification sought Field of study

State the semester(s) for which you plan to use this scholarship (i.e., Summer 2024, Fall 2024, etc.)

3. NARRATIVE: Attach a 300-600 word narrative. Address these items in order.

- Briefly describe your background and relevant education & work experience.
- Explain how you are paying for college now.
- Justify your financial need.
- Describe how you will benefit from financial assistance.
- Give a closing statement.

4. REFERENCES: List two references with contact information. One must be a faculty advisor or a faculty member who knows your work. Ask your references to give their letters of recommendation to you to send WITH your application as part of ONE email submission.

A. Name / title: _____

Email address: _____ Phone: _____

B. Name / title: _____

Email address: _____ Phone: _____

5. GPA: Enclose a copy of your cumulative GPA.

6. SUBMISSION: Submit all materials, including 2 letters of reference, in ONE email package to Dr. Phyllis Broughton pbrought123@gmail.com and copy Grants Review Committee ncdkgef@gmail.com. Do not submit items in separate mailings. Applicant will be notified upon receipt of proposal. Questions may be directed to Grants Co-Chair Dr. Phyllis Broughton pbrought123@gmail.com

7. DEADLINE FOR SUBMISSION. Application must be **received** no later than **March 10**. Awards will be announced by **April 15**.

8. CAMPUS OFFICE ADDRESS for mailing scholarship check, student ID#, and other information for directing payment to your account. _____

9. YOUR SIGNATURE indicates acceptance of the conditions of the scholarship as indicated throughout the Application Form and by your responses herein.

Date: _____