Please complete and email the application and all support materials to the Kappa Delta Pi – Eta Chapter at Purdue University. Applications must be received by **February 27, 2015** to be considered.

The Gerald H. Krockover Endowed Scholarship for Eta Chapter of Kappa Delta Pi is awarding scholarships for undergraduate and graduate students in honor of our advisor and mentor, Professor Gerald H. Krockover. Professor Krockover is a dedicated educator who taught at Purdue University for 42 years, spending much of his time devoted to Earth and Atmospheric Science Education. He has served as the faculty advisor for the Eta Chapter of Kappa Delta Pi for 36 years and in that time has helped to cultivate thousands of future teachers as they prepare for the classroom. This scholarship honors his commitment and dedication to teaching and the betterment of the education profession. The Professor Krockover Scholarship recipients will be awarded up to $1000. Recipients will be announced at the ETA Chapter Spring Initiation ceremony.

**Criteria**

* Must be an enrolled student at Purdue University, West Lafayette
* Must have an overall and semester GPA of 3.30 or higher
* Must be an active (current dues paid) member of the Eta chapter of Kappa Delta Pi

**Rules**

1. The application and all attached statements must be typed.
2. The applicant must be an active (current dues paid) member in good standing. Each application must include the applicant’s Kappa Delta Pi membership number.
3. The application must be signed by the Kappa Delta Pi Chapter Counselor and the Chapter President. If the applicant is the Chapter President, the Chapter Vice President must sign.
4. The applicant will write an original essay of no more than 500 words that portrays a personal vision of herself or himself as an educator and how she or he hopes to make a difference, which must be signed by the applicant.
5. The application must include a current transcript of all undergraduate work to date.
6. All applications must be made on this form or photocopies of this form.
7. Incomplete applications will not be considered.
8. Submit one (1) copy of your completed application. Please do not bind your submission since all applications will be placed in three-ring binders. Keep a copy for your records.
9. The complete application packet should be mailed or delivered to:

Office of Student Activities and Organizations—ATTN: Dr. Jacob Isaacs

Krach Leadership Center, Room 369

1198 Third Street

West Lafayette, Indiana 47907

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|  | Last name | | First name | | | | | Middle name | | | | | | | | Gender | | | | Purdue ID No. | | | | |
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| 2. |  | | | | | | | | | | | | | | |  | | | |  | | | | |
|  | E-mail Address | | | | | | | | | | | | | | |  | | | |  | | | | |
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| 3. |  | | | | | | | | | | | | | | | and | | | | ( ) | | | | |
|  | Local/campus address (include street, city, state, & zip code) | | | | | | | | | | | | | | |  | | | | Telephone | | | | |
|  |  | | | | | | | | | | | | | | |  | | | |  | | | | |
| 4. |  | | | | | | | | | | | | | | | and | | | | ( ) | | | | |
|  | Permanent address (include street, city, state, and zip code) | | | | | | | | | | | | | | |  | | | | Telephone | | | | |
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| 5. |  | | |  | |  | | | | | | | | | | |  | |  | | | | | |
|  | College | | |  | | Major(s) | | | | | | | | | | |  | | Minor(s) | | | | | |
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| 6. | Number of semesters completed in this college | | | | | | | | | |  | | | | 7. | | | Overall GPA | | |  | | | |
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| 8. | Current semester classification | | | |  | | | | 9. | | | Fall 2014 grade point average | | | | | | | | | |  | |
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| 10. | Anticipated date of graduation: | | | |  | | | | | | | | |  | | | | | | | | |
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| 11. | KDP membership number: | | | |  | | | | | | | | |  | | | | | | | | |
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|  | - Check here if your membership number is pending: | | | | | | | | | | | |  |  | | | | | | | | |

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| Leadership Within the Purdue Community | | | | | |
| 12. | List each major leadership position held within the Purdue community since you began your undergraduate work at Purdue. | | | | |
|  |  | | | | |
|  | **Major Leadership Position** |  | **Dates Position Held** |  | **Advisor’s Name** |
|  | **(Title and Organization)** |  |  |  |  |
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13. List other organizations within the Purdue community in which you are or have been affiliated and positions held (if any):

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| Leadership Outside the Purdue Community | | | | | |
| 14. | List each major leadership position held outside the Purdue community since you began your undergraduate work at Purdue. | | | | |
|  |  |  |  |  |  |
|  | **Major Leadership Position** |  | **Dates Position Held** |  | **Advisor’s Name** |
|  | **(Title and Organization)** |  |  |  |  |
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15. List other organizations outside the Purdue community in which you are or have been affiliated and positions held (if any):

## Additional Information about Experiences and Leadership Style

1. The applicant will write an original essay of no more than 500 words that portrays a personal vision of herself or himself as an educator and how she or he hopes to make a difference. Discuss your record of achievement in leadership and service in light of other challenges, such as working to defray school expenses, handling family or business matters, or any personal issues you may have faced while being a student; and discuss your attitudes about leadership and the leadership styles you possess. Limit your response to no more than 500 words. Essay must be typed and double-spaced. This essay is generally the most meaningful part of your application for the selection committee members.

## Recommendations

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| Leadership Outside the Purdue Community | | | | | |
| 17. | List three references. | | | | |
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| a. |  | Title |  | Phone | ( ) |
|  | Name |  |  |  |  |
|  |  | Organization |  | Email |  |
|  |  |  |  |  |  |
| b. |  | Title |  | Phone | ( ) |
|  | Name |  |  |  |  |
|  |  | Organization |  | Email |  |
|  |  |  |  |  |  |
| c. |  | Title |  | Phone | ( ) |
|  | Name |  |  |  |  |
|  |  | Organization |  | Email |  |

## Certification and Release

18. Read and complete the application certification by signing below:

I certify that the information I have submitted is true. I give my permission for the Krockover Scholarship selection committee to collect my educational, demographic, and personal information as it relates to my application. If I am selected as a recipient of the Krockover Scholarship, I authorize the release of my name and demographic information for publication in news media, in the University community, and to the family of Professor Krockover. I understand that none of my information may be released to anyone else without my prior written consent.

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| *Applicant Signature* |  | *Date Signed* |

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| *Chapter Counselor Signature* |  | *Date Signed* |

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| *Chapter President Signature* |  | *Date Signed* |