

Omicron State Scholarship Application

It is my desire to pursue and complete one of the following:

(Please check one.)

Advanced Degree (Master’s, Doctorate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialized Endorsement (Reading Specialist, Special Education, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Board Certification

Additional Certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INCLUDE All THE FOLLOWING ITEMS:

Incomplete application will NOT be considered. You must be a member of DKG for a minimum of one year.

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_

Phone number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Delta Kappa Gamma ID# \_\_\_\_\_\_\_\_\_\_Chapter \_\_\_\_\_\_\_\_\_\_\_\_\_Initiation Date \_\_\_\_\_\_\_\_

4. Educational background (undergraduate and graduate): include the name of each institution, the dates you attended, and degrees earned beginning with the most recent. Note if you have National Board Certification or specialization.

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| Name of Institution | Dates Attended | Degree(s) Earned |
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5. List in chronological order your educational positions, district served and city. Begin with present position.

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| --- | --- | --- |
| Educational Position | School District | City, State |
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6. Identify and list dates of scholarships, fellowships and grants received including those from Delta Kappa Gamma.

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7. List honors and awards in chronological order beginning with most recent.

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| --- | --- | --- | --- |
| Date | Honor/Award | Date | Honor/Award |
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8. List affiliation with professional and community organizations. List any offices held.

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9. List positions held in Delta Kappa Gamma. Beginning with the most recent, give position, dates served, specify chapter, state or international level.

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| --- | --- | --- |
| Position | Dates Served | Chapter, State or International |
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10. On a separate page give a summary of how, where and when the scholarship will be used. Indicate your major field of study. (Below)

11. Submit THREE original letters of recommendation from persons who know of your contributions to the Society, the teaching profession and community. Have the letters of recommendation sent directly to the Scholarship Chairman whose address is listed at the bottom of the page. ONE OF THE LETTERS MUST BE FROM A DELTA KAPPA GAMMA MEMBER.

It is the applicants’ responsibility to ENSURE THAT THE THREE LETTERS ARE POSTMARKED BY THE FEBRUARY 1ST DEADLINE.

12. Include a current photo for DKG publicity purposes

13. Signature of Chapter President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Signature of the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Scholarship recipient will be required to send an account of how the scholarship was used and the benefit derived from it. Send this information to the Scholarship Chairman by February 1st of the following year. Send the application to Scholarship Chairman

Sorale Fortman, (Xi) *Chair 2017-19*

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Tucson, AZ 85710

Home (520) 747-3520

Cell (520) 390-7358

**sorkey7@aol.com**

Summary of how, where and when the scholarship will be used. Indicate your major field of study.

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