



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.

Name of Institution	Dates Attended	Degree(s) Earned

5. List in chronological order your educational positions, district served and city. Begin with present position.

Educational Position	School District	City, State

6. Identify and list dates of scholarships, fellowships and grants received including those from Delta Kappa Gamma.

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

Date	Honor/Award	Date	Honor/Award

8. List affiliation with professional and community organizations. List any offices held.

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

Position	Dates Served	Chapter, State or International

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

