

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL

Alpha Kappa State—Connecticut

SCHOLARSHIP APPLICATION

Name _____ Chapter _____

Home Address:

Email _____ Phone _____

Work Address:

Position _____ Phone _____

Educational Background _____

Academic Honors and/or Scholarships _____

Delta Kappa Gamma Activities:

Local _____

State _____

International _____

Other Professional Activities _____

Name of Accredited Institution _____

Type of Planned Program (Master's, 6th Year, Ph.D., etc.) _____

Description of Program and Expected Date of Completion _____

Name of Workshop or Institute _____

Location _____ Date(s) _____

Description _____

Explain how you will use the Scholarship _____

Explain how you will share information gained from use of the Scholarship _____

Applicant's Signature _____

Date _____ Amount Requested _____

Return to:

Joanne Chenkus
1080 Middlebury Rd.
Watertown, Ct 06795
860-274-1800
jmexic@aol.com

Applications will be accepted at any time during the year. Once the Scholarship Committee approves the application, the Scholarship money will be awarded when needed by the applicant.