

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 _____

How will you use the Scholarship? _____

How will you share information gained from the use of this scholarship? _____

Applicant's Signature_____

Date_____ Amount Requested_____

Return completed application to:

Kari Baransky

53 Fairlawn Drive

North Haven, CT 06473

(203) 605-0894

Kbaransky1@gmail.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.