

**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL**  
**Alpha Kappa State—Connecticut**  
**CHAPTER PRESIDENT'S RECOMMENDATION FOR SCHOLARSHIP**

Name of Applicant \_\_\_\_\_

Chapter \_\_\_\_\_ Length of Membership \_\_\_\_\_

Attendance \_\_\_\_\_

Status of Dues \_\_\_\_\_

Service to the Society

Local \_\_\_\_\_

\_\_\_\_\_

State \_\_\_\_\_

\_\_\_\_\_

International \_\_\_\_\_

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Statement of Support

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\_\_\_\_\_

\_\_\_\_\_

Chapter President's Signature \_\_\_\_\_

Chapter \_\_\_\_\_ Date \_\_\_\_\_

Return to:

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