



The Delta Kappa Gamma Society International  
Alpha Iota State  
Scholarship Application Form

The scholarship committee decides the named scholarship awarded based on educational study.

Bylaws stated below.

Two (2) \$1,000 scholarships may be awarded annually for degree study.

One shall be named the Effie M. Downer scholarship.

One shall be named the Ola B. Hiller scholarship.

One \$800 Past Presidents' Scholarship may be awarded annually for graduate study.

Two (2) \$500 scholarships may be awarded annually for re-training and/or additional endorsement in education

*INSTRUCTIONS: Please print or type all information. Attachments may be used when appropriate. Send the completed application form with a set of credentials to the State Scholarship Chairman as shown on the last page.*

**I Personal Data**

Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**II The Delta Kappa Gamma Society International Membership**

Membership of \_\_\_\_\_ Chapter, Alpha Iota State

Chapter Location: \_\_\_\_\_

Date of Initiation: \_\_\_\_\_

*Indicate specific office, committee chairmanships, committee memberships, and participation. Indicate year of each.*

Chapter Level: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State Level: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

International Level: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**II The Delta Kappa Gamma Society International Membership (continued)**

*Describe specific participation, service and responsibilities for Delta Kappa Gamma conventions, workshops, and seminars. Indicate year of each.*

Workshops: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State Conventions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Regional Conventions: \_\_\_\_\_

\_\_\_\_\_

International Conventions and Seminars: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**III College/University Education**

*List in chronological order all post high school education you have received.*

Name of Institution	Dates Attended	Degree Date Received	Major/Area of Specialization
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*Send proof of current college or university enrollment with your application.*

**IV Experience**

List in chronological order all educational positions you have held, including teaching, supervisory and administrative positions

Name of Institution	Position Title	Dates Held
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any other professional or business positions you have held.

Position	Location	Dates Held
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Experiences:

Please include your travel, exchange programs, seminars, conferences attended, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V Recognition for Achievement**

Publications (attach copy of title page or first page of article): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Creative productions (performance, TV, radio, exhibits, lectures, seminar or workshop presentations, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Scholarships, Fellowships, Grants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Honors: \_\_\_\_\_

**VI Additional Organizations**

*Please indicate positions held.*

Professional: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Civic and Community: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**VII Proposed Use of Scholarship**

Institution: \_\_\_\_\_

Your proposed plan of study during the scholarship year and degree to be obtained: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Benefit you expect to derive from this proposed plan of study: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VIII References

*Please include your Chapter President, Administrator, and a Community Representative from an organization which has benefited from your participation or interest. Each reference should include a letter of recommendation to the chairman of the State Scholarships Committee. (It is your responsibility to see that all letters of recommendation arrive by the February 1<sup>st</sup> deadline.)*

1. Chapter President:

Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

2. Administrator:

Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

3. Representative from a Community Organization with whom you have served:

Name: \_\_\_\_\_ Organization Represented: \_\_\_\_\_

Complete Address: \_\_\_\_\_

*Please attach any additional references to this application.*

**Deadline: February 1<sup>st</sup>**

Applicant's Signature: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Return to: Olga Albert  
7444 Whites Bridge Rd.  
Belding, MI 48809  
616-794-3484 (H)  
olgieblue@yahoo.com  
alberto@bas-k12.org