



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 1st 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 1st

Applicant's Signature: _____

Applicant's Printed Name: _____

Date of Application: _____

Return to: Gloria Fisher
1207 Fitch St.
Albion, MI 49224
517-629-7670
dkg.gloria@gmail.com