

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
SIXTH YEAR & DOCTORAL LEVEL SCHOLARSHIP APPLICATION, ETA STATE
Year 2010 of the 2009-2011 Biennium
THE COVER PAGE

Name _____ Date _____

Address _____

Telephone: Home _____ Work _____ Fax _____

Email Address: _____

Place of Birth _____ Date of Naturalization if not born in U.S.A. _____

Have you previously applied for an Eta State Scholarship? _____. If yes, what year? _____

Have you previously been awarded an Eta State Scholarship? _____. If yes, what year? _____

If applicable, what Eta State Scholarship did you receive? _____

What does the Delta Kappa Gamma Society International mean to you? Add additional pages or write on the back if you need more space.

Recommendations: List below the name, title, mailing address and telephone number for your chapter president, your advisor or a professor, and a reference of your choice. These individuals should receive from you the recommendation form and self-addressed stamped envelope. They must return the completed form to you with their signature and date across the seal. These letters must be included in your application packet.

Chapter President _____

Advisor/Professor _____

Additional Reference _____

Relationship to applicant _____

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I. Delta Kappa Gamma Society Participation

Chapter Name _____ Geographic Location of Chapter _____

Date of Initiation _____ Total Number of Years as a Member _____

Please list the titles and dates of your elected and/or appointed offices within each level of the Society, including names of committees on which you have served as a member and names of those on which you have served as chairman. List participation in activities, conferences, and workshops at all levels of the Society. Add additional pages or write on the back if you need more space.

A. Chapter

B. State

C. International

II. Education: An official copy of your most recent transcript (OR a copy of your letter of acceptance into sixth-year or doctoral study) and a copy of your current license(s), must accompany this application.

A. Please list all colleges and universities you have attended in reverse chronological order. That is, list most recent first.

Name	Location	Dates of Attendance	Major	Degree Earned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Describe academic honors that you have received at both undergraduate and graduate levels. Add additional pages or write on the back if you need more space.

Professional Experience: List in reverse chronological order the educational positions that you have held. Include teaching, supervision, administration, and research positions beginning with your present position on the top line.

Name and Address of Agency	Position	Dates

IV. Participation in Organizations other than Delta Kappa Gamma Society. List organizations to which you are affiliated. State your responsibilities and/or contributions.

A. Professional Organizations:

B. Community Organizations:

V. Status of Graduate Work

Degree Sought _____ Major Field _____
 Institution _____ Date Enrolled _____
 Total Hours Required for Degree _____ Total Hours Completed _____

VI. Please describe your degree focus, your reasons for pursuing an advanced graduate degree, and your career goals. Explain how you will use this scholarship if it is awarded to you. Add additional pages or write on the back if you need more space.

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
CHAPTER PRESIDENT'S LETTER OF RECOMMENDATION
SIXTH YEAR & DOCTORAL LEVEL SCHOLARSHIP APPLICATION, ETA STATE
YEAR 2010 OF THE 2009-2011 BIENNIUM

Applicant Instructions: Complete the following information: Enclose a stamped, self-addressed envelope and send to your chapter president in a timely manner so she has sufficient time to complete and return the recommendation to you **with her signature and date across the envelope seal (suggested distribution date: January 1, 2010; suggested reference return date: January 25, 2010)**. Her letter will be included in your application packet. Clearly inform your reference that your application will be considered only if the letter of recommendation is in your packet which must be postmarked by **February 1, 2010**.

Applicant's Name _____

Address _____

Telephone number(s) _____

E-mail address _____

Date Sent to Chapter President _____ Signature of Applicant _____

Applicant's Message to Reference: As a member of The Delta Kappa Gamma Society International, I am applying for a state level scholarship. The information on this form will be provided to the State Scholarship Committee. A stamped, addressed envelope is enclosed for your convenience in returning the material to me. I appreciate your willingness to serve as a reference for me. This information will be confidential.

Instructions to Chapter President: Please complete the following information and return it to the applicant mail in the enclosed envelope. **Seal the envelope; sign your name and the date across the seal.**

Name of Chapter President _____

Chapter _____

Address _____

Telephone and Email _____

Date _____ Signature _____

Please attach a letter of recommendation that includes a description of this applicant's:

- A. Attendance at Society meetings and functions
- B. Service to the chapter
- C. Leadership potential
- D. Other relevant information

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
ADVISOR/PROFESSOR'S LETTER OF RECOMMENDATION
SIXTH YEAR & DOCTORAL LEVEL SCHOLARSHIP APPLICATION, ETA STATE
YEAR 2010 OF THE 2009-2011 BIENNIUM

Applicant Instructions: Complete the following information; enclose a stamped, self-addressed envelope and send the form to your advisor or a professor who knows your academic record. Send the form in a timely manner so the reference has sufficient time to complete and return the recommendation to you **with a signature and date across the envelope seal (suggested distribution date: January 1, 2010)**. This material will be included in your application packet (**suggested return date: January 25, 2010**). Clearly inform this reference that your application will be considered only if the letter of recommendation is in your application packet which must be postmarked **by February 1, 2010**.

Applicant's Name _____
 Major Area of Study _____
 Number of Credit Hours Completed _____
 Date Sent to Advisor/Professor _____ Signature of Applicant _____

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Instructions to Advisor/Professor: Please complete the following information return it to the applicant in the enclosed envelope. **Seal the envelope; sign your name and the date across the seal.**

Name of Professor/Advisor _____
 Position/University _____
 Address _____
 Telephone and Email _____
 Date _____ Signature _____

Compared to other graduate students, please rate this applicant.

	Exceptional	Above Average	Average	Below Average
Intellectual Capacity				
Verbal Communication Skills				
Written Communication Skills				
Professional Skills				
Knowledge of Subject Matter				
Organizational Skills				
Goal Focused				
Character/Values				
Research Skills/Potential				
Teaching Skills/Potential				
Writing Skills/Potential				
Interpersonal Skills				

Comments (Use back of the page if extra space is needed):

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
LETTER OF RECOMMENDATION
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Applicant's Name _____

Address _____

Date Sent to Reference _____ Signature of Applicant _____

Applicant's Message to Reference: As a member of The Delta Kappa Gamma Society International, I am applying for a state level scholarship. The information on this form will be provided to the State Scholarship Committee. A stamped, addressed envelope is enclosed for your convenience in returning the material to me. I appreciate your willingness to serve as a reference for me. This information will be confidential.

Instructions to Reference: Please complete the following information and return it to the applicant in the enclosed envelope. **Seal the envelope; sign your name and the date across the seal.**

Name of Reference _____

Relationship to Applicant _____

Address _____

Telephone and Email _____

Date _____ Signature _____

1. Please rate this applicant in the areas listed below.

	Exceptional	Above Average	Average	Below Average
Intellectual Capacity				
Verbal Communication Skills				
Written Communication Skills				
Professional Skills				
Organizational Skills				
Goal Focused				
Character/Values				
Interpersonal Skills				
Community Service				

2. You may attach a letter of recommendation that includes information on this person's potential for service to professional education or give comments below.