

***THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL***  
**MASTER'S LEVEL SCHOLARSHIP APPLICATION, ETA STATE**  
**Year 2012 of the 2011-2013 Biennium**

**Cover Page**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Birth \_\_\_\_\_ US citizen? \_\_\_\_ If not, date of Naturalization \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_ This application is submitted for  
\_\_\_\_\_ an academic scholarship requiring graduate school enrollment  
\_\_\_\_\_ project support not associated with a degree and available only to master's and post-  
master's candidates.

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 names, positions, addresses and telephone numbers of your chapter president, your advisor or a professor, and a reference of your choice. These are the three references to whom you will send recommendation forms and self-addressed, stamped envelopes to be returned to you with each reference's signature and date across the seal. These letters will 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. Professional Qualifications: For those seeking an academic scholarship, an official copy of your most recent transcript (OR a copy of your letter of acceptance to a graduate program) and a copy of your current license(s) must accompany this application.**

**For those seeking project support, a copy of your most recent transcript 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:** Beginning with your most recent, list the educational positions that you have held. Include teaching, supervision, administration, and research positions.

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. Add additional pages or write on the back if you need more space.

A. Professional Organizations:

B. Community Organizations:

**V. Status of Graduate Work or Special Project**

Degree Sought or Project Emphasis \_\_\_\_\_ Major Field \_\_\_\_\_  
 Institution or Agency \_\_\_\_\_ Starting date \_\_\_\_\_  
 Total Hours Required for Degree or Project \_\_\_\_\_ Total Hours Completed \_\_\_\_\_

**VI. Please describe your degree focus or the focus of your project, your reasons for pursuing a graduate degree or this special project, and your career goals. Explain how you will use these funds if they are 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**  
**MASTER'S LEVEL SCHOLARSHIP APPLICATION, ETA STATE**  
**YEAR 2012 OF THE 2011-2013 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, 2012; suggested reference return date: January 25, 2012.)** 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, 2012.**

Applicant's Name \_\_\_\_\_

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, self-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 in the enclosed envelope. **Seal the envelope; sign your name and the date across the seal.** Your letter should be postmarked **by January 25, 2012.** The applicant's postmark deadline is **February 1, 2012.** This applicant will be considered for this award only if the letter of recommendation is in her application packet.

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'S/PROFESSOR'S/SUPERVISOR'S LETTER OF RECOMMENDATION**  
**MASTER'S LEVEL SCHOLARSHIP APPLICATION, ETA STATE**  
**YEAR 2012 OF THE 2011-2013 BIENNIUM**

***Applicant Instructions:*** Complete the following information; enclose a stamped, self-addressed envelope and send the form to your advisor, a professor or supervisor 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, 2012; suggested return date: January 25, 2012)**. This material will be included in your application packet. 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, 2012**.

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

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***Instructions to Advisor/Professor/Supervisor:*** 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.** Your letter should be postmarked **by January 25, 2012**. The applicant's postmark deadline is **February 1, 2012**. This applicant will be considered for this award only if the letter of recommendation is in her application packet.

Name of Professor/Advisor/Supervisor \_\_\_\_\_  
 Position/University/Agency \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone and Email \_\_\_\_\_  
 Date \_\_\_\_\_ Signature \_\_\_\_\_

**Compared to other graduate students or others working on a similar project, 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:**

**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL**  
**LETTER OF RECOMMENDATION**  
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Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

Date Sent to Reference \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

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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.**