

**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL  
NEW HAMPSHIRE STATE ORGANIZATION  
NEW HAMPSHIRE STATE SCHOLARSHIP APPLICATION**  
Application due March 1

Scholarships of up to an amount of \$500 may be requested for course work, workshops, conferences and/or conventions. Applicants must be an active DKG International member for at least three years.

**PERSONAL DATA:**

Name \_\_\_\_\_

Present Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**EDUCATION:**

Name of Institution	Year of Graduation	Degree Awarded
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**TEACHING EXPERIENCE**

List in reverse chronological order all teaching, supervisory, and administrative positions you have held, starting with the most recent

Name of Institution	Title or Position	Dates Held: from----to----
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**DELTA KAPPA GAMMA SOCIETY INTERNATIONAL**

Chapter in which you were initiated: \_\_\_\_\_ Date: \_\_\_\_\_

Chapter in which you are now active: \_\_\_\_\_

Have you received DKG NH Scholarships in the Past? \_\_\_\_\_ Year: \_\_\_\_\_

How have you served the Society on the chapter, state, and/or international level?

**DESCRIPTION OF SCHOLARSHIP**

List and describe the specific course, workshop, conference, or convention for which you are requesting funding:

Amount requested: \_\_\_\_\_

**IMPACT STATEMENT**

Write an impact statement of no more than 200 words to address the following: How will you use this experience and knowledge gained to benefit you personally? How will this experience impact the Society, your school, and/or the community?

If selected, I shall make a presentation at a chapter and/or New Hampshire State meeting describing my experience.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_