

On separate paper, type your concise answers to the following outline of categories:

1. EDUCATION

Give a summary of your education (academic, technical, and professional), listing the name of institution, the years you were there, major fields of study, and any degree received.

2. EXPERIENCE:

A. Beginning with your present position, list the teaching positions you have held. Include all teaching, supervisory and administration positions. Give the name of the institution, your title or position, and the years of employment.

B. Describe any other professional and / or business employment, including your honors, awards, presentations, or publications.

C. Describe any community service, activities, and honors or awards (church, service organizations, etc.)

3. LEADERSHIP:

A. Describe service to The Delta Kappa Gamma Society International, such as offices, committees, or special assignments in chapter or state.

B. Describe service to district, school, or other professional / educational organizations.

C. Explain how you plan to share your experiences with your chapter and other chapters or organizations.

4. FINANCIAL NEED:

Briefly describe your financial need and any family obligations. If applicable, give your spouse's occupation and ages of any children at home or in college.

5. REFERENCES:

List the names of FOUR persons and their positions to whom you will send reference forms recommending you for this scholarship. One of your references must be a member of your chapter. References should be mailed directly to the State Scholarships Chairperson by March 1.

Scholarship Chairman:

Jill Lang

16301 SE Katie Ct.

Milwaukie, OR 97267-5198

503-786-7268

jaceel@comcast.net



The Delta Kappa Gamma Society International
Alpha Rho State Oregon

March 1 Deadline

Some also July 30 and December 1

SCHOLARSHIP APPLICATION FORM FOR:

Hazel Fishwood

Emma Henkle

State Founders and State Presidents

Isabelle Huston

Commemorative

PERSONAL DATA (This page may be handwritten.)

Name _____ Soc. Sec. Number _____

Address _____

City/State/Zip _____ Telephone _____

Work _____

Fax _____ E-mail _____

Chapter : _____

Date of Initiation (M/Y) _____

Chapter President: _____

Current teaching assignment: _____

PROPOSAL:

A brief outline of your proposed study or program (use a separate page if needed):

Major field of study: _____

Date of acceptance: _____

Beginning date: _____ Expected completion date: _____

Place of study: _____

Degree to be earned, if any: _____

Approximate cost of your program: _____

Include a copy of your college transcript if you are pursuing an advanced degree.

Please include a photo of yourself for the New Oregon Trail.

On separate paper, type concise answers to the outline of categories on second page.

SIGNATURE _____ Date _____