

Application and supporting documents must be filed with the State Scholarship Chairman by one of the following dates:

July 30, 20\_\_\_\_, December 30, 20\_\_\_\_, or March 1, 20\_\_\_\_

State Scholarship Chairman:

**Jill Lang**

16301 SE Katie Ct.

Milwaukie, OR 97267-5198

503-786-7268

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Revised 8/2011

The Delta Kappa Gamma Society International  
Alpha Rho State Oregon

**SCHOLARSHIP APPLICATION**

**Simplified form for Personal Enrichment Opportunity Award  
available from the Commemorative Scholarship Fund**

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PERSONAL DATA

Name \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Phone ( ) \_\_\_\_\_

Chapter of The Delta Kappa Gamma Society International to which you belong:  
\_\_\_\_\_ Date of initiation (M/Yr) \_\_\_\_\_

LEADERSHIP EXPERIENCE:

The Delta Kappa Gamma Society International offices, committees, and/or special assignments you have held: (Use the back as needed.)

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PROPOSAL:

Include on a separate piece of paper

- A. A brief statement of why you wish to pursue this endeavor.
- B. Place of study.
- C. Type of program.
- D. Date(s) of program or study.
- E. Estimated cost of program

REFERENCES

Include a letter of recommendation from your chapter president.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_