

SOCIETY PARTICIPATION

Number of years in Delta Kappa Gamma _____

(Specify approximate number you attended since initiation)	Percent of chapter meetings attended yearly _____
	State Convention/Exec. Board Meetings _____
	International/Regional Conferences _____
	Area Conferences _____

CHAPTER RECOMMENDATION

The Executive Board of _____ Chapter recommends that this
Applicant, _____ be considered for an Alpha Alpha
State Enrichment Grant.

Chapter President Signature: _____ Date: _____

Chapter Comments:

I. DELTA KAPPA GAMMA INVOLVEMENT

A. Most significant offices, committee assignments, and other services.
(Begin with most recent).

Chapter Level

Year Position

State Level

Year Position

International Level

Year Position

II. PROFESSIONAL INVOLVEMENT

A. Memberships and Offices held in Professional Organizations

Dates Organization Involvement

B. Other job related activities

C. Honors, Awards, Scholarships, and Publications

Dates Title/Nature of Award

III. COMMUNITY INVOLVEMENT

A. Memberships and Offices Held in Community Organizations

<u>Dates</u>	<u>Organization</u>	<u>Involvement</u>
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B. Community Awards, Honors, etc.

IV. Please attach a letter describing your planned activity, your professional and personal goals and your reasons for applying for an enrichment grant/scholarship. Include how you plan to use this award and the skills acquired. State whether you expect to receive aid from any other source or sabbatical pay during the year of the award for which you are applying.

If I am a recipient of a scholarship/enrichment grant, I agree to:

- a. Remain an active member of the Delta Kappa Gamma Society International.
- b. Pursue the course of study or project as specified in my application.
- c. Acknowledge Alpha Alpha State in the doctoral dissertation or other publications written while receiving scholarships/enrichment grant funds.
- d. Provide a report for the "Spotlight on Scholarship" published in the *Keystonian*
- e. Attend the State Convention/Executive Board Meeting to receive my scholarship/enrichment grant.

My signature certifies that all information in this application is accurate:

Signature:

Date:

THIS APPLICATION MUST BE POSTMARKED BY FEBRUARY 1 AND SENT TO:

**Lois Brown
2458 Raleigh Drive
Lancaster, PA 17601-2950**

(717) 569-4984

Applications with postage due will be returned to sender by the post office.