

**ALPHA ALPHA STATE
THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
SCHOLARSHIP APPLICATION**

Please print or type all information

Name (Dr., Mrs., Miss, Ms.)	Date of Birth	Telephone		
Address	Street	City	State	Zip
Chapter	Date of Initiation			

EDUCATIONAL RECORD

Institution Attended	City	Years	Degree Received
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TEACHING EXPERIENCE

District, State	Position	Subject	Years
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OTHER VOCATIONAL EXPERIENCE

Nature of Work	Employer	Years
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USE OF SCHOLARSHIP

At what institution do you plan to study? _____

The institution is fully accredited by: _____

When do you plan to use this award? (Date) _____
(Work should not be complete prior to receiving this award.)

What do you expect this course to cost?
Number of Credits: _____ Cost per credit: _____ Books: _____
The TOTAL cost will be \$ _____

How much of this cost are you requesting? _____

Dates of session(s) or semester(s)
_____ Number of Weeks _____
_____ Number of Months _____

Toward what degree will you be working? _____
If not a degree, specify:

Are you a past recipient? Yes _____ No _____ Amount Received _____ Year(s) _____

Are you receiving funding, including reimbursement, from any other source? _____
Source _____ How much? _____

Have you applied for an International Scholarship? _____

Society Participation - Number of years in Delta Kappa Gamma _____
(Specify approximate number you attended since initiation) Chapter Meetings _____
State Conventions _____
International/Regional Conferences _____
Fall Area Conferences _____

CHAPTER RECOMMENDATION

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

Chapter President Signature: _____ Date: _____

PROFESSIONAL REFERENCE

Attach a letter of professional reference to this application.

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 *Keystoneian*
- 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.