

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
KAPPA THETA
SCHOLARSHIP APPLICATION FORM
DUE APRIL 1

Please complete the following information.

Date of Application: _____

Name of Candidate: _____

Address: _____

Phone Number: _____

Present Occupation: _____

Amount of scholarship money requested: _____

Please attach the receipt or copy of bill with this application.

When do you plan to use the scholarship? _____

What institution/conference/professional development workshop do you
plan to attend? _____

Statement of purpose of area of study: _____

Current Professional Memberships: _____

Offices or special responsibilities in Kappa Theta: _____
