

Alpha Lambda State Memorial Scholarship

The Alpha Lambda State Memorial Scholarship is named in honor of a past member who has made significant contributions to the Society.

This memorial scholarship has been established to encourage members of Alpha Lambda State to pursue educational opportunities for advanced certification/degree work in education beyond a Bachelor's level at an approved institution. (i.e. master's, doctoral, advanced degree, specialist program, and National Board Certification)

This scholarship awards \$2,000.

ELIGIBILITY

Applicant must be an active member of Delta Kappa Gamma for three (3) years

Proof must be presented showing that the applicant has been accepted for advanced work beyond the Bachelor's degree at an approved institution of higher learning

Importance is attached to participation at the chapter and/or state level

REQUIRED PROCEDURES

Application must be completed and submitted to the State Scholarship Chair. Application Forms may be obtained from the State or Chapter chairs.

Applicant must present the State Scholarship Committee with the following:

- *an outline of the program to pursue**
- *a budget showing how the scholarship would be applied**
- *a description of how the program fits personal goals**
- *an explanation of how the work relates to future plans in the field of education**
- *file a follow up report with the scholarship chair for inclusion in our state newsletter**
- *send verification of expenditures covered by the award**
- *secure three letters of references from persons qualified to speak specifically of character, personality, professionalism, academic, and community qualifications. One reference needs to be from the president of the chapter to which the applicant belongs**

SELECTION OF RECIPIENT

The State Scholarship committee shall study the applications of applicants and shall decide whether to award the scholarship and to whom.

There is no deadline so applications will be reviewed on a first-come, first-served basis.

Notification of the decision will be communicated to the applicant by the State Scholarship Chair.

The applicant will be considered for this award only if the required letters of references are in her application packet.

The award will be made on the basis of:

- *eligibility**
- *quality of application**
- *fulfillment of requirements**
- *the proposed program**
- *service to Delta Kappa Gamma**
- *reference letters**

Formal announcement of the person who receives this award shall be made at the Fall State Meeting or Spring Convention and in the Alpha Lambda State Newsletter

GENERAL CONDITIONS OF ACCEPTANCE

The successful candidate must immediately notify the State Scholarship Chair of her acceptance or rejection of the award.

The recipient will be expected to present a report at a state Delta Kappa Gamma meeting including a description of her graduate work/project and an accounting of how the money has been applied (This may be written or oral.) and a written summary to be printed in our Alpha Lambda State Newsletter.

PAYMENT

When the scholarship is awarded, the recipient will receive a written statement of how to receive payment.

Payment may be taken in installments.

The recipient may make the request at any time within two years of notification of this award.

Any unused balance must be returned to the State Treasurer at the end of the two year period.

Requests for extensions will be considered by the Scholarship Committee and Treasurer.

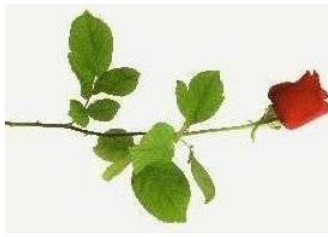
Attach additional sheets in responding to the following sections

EDUCATION: list your academic, technical, and professional education including your present position that you have held. Provide names of institution, dates of attendance, degrees received or major field.

WORK EXPERIENCE: list teaching and education related positions you have held, including teaching, supervisory, administrative positions. Also list any other professional or business work experience.

TRAVEL: list travel, exchange programs, conferences which have enriched your professional work.

MEMBERSHIPS, ORGANIZATIONS, ACHIEVEMENTS: list services, offices held, responsibilities, honors or special recognitions, and publications for Delta Kappa Gamma and other educational, civic, or community with which you have been affiliated.



ALPHA LAMBDA STATE MEMORIAL SCHOLARSHIP

APPLICATION FORM

Applicant's Name _____ Date _____

INSTITUTIONAL DATA

Intended use of scholarship _____

Institution of study _____ for academic year _____

Have you been accepted for graduate study? _____ Major field of Study _____

Purpose of this Study _____

How many graduate credits have you already received in this field? _____

Estimated cost of Program _____ will you receive any other financial aid? _____

If so, what and how much? _____

Teaching Status: Active _____ Retired _____

PERSONAL DATA

Mailing address _____
_____ home phone _____

Home address if different than mailing address _____

Work address _____ wk phone _____

Email _____

DELTA KAPPA GAMMA DATA

Your Alpha Lambda Chapter _____

Are your dues paid for the current year? _____

Type of Membership: Active _____ Reserve _____ Honorary _____

Date of initiation _____ Number of years as member _____

Have you previously received any Delta Kappa Gamma Scholarships? _____ if yes, what was it _____ amount _____

POST SECONDARY EDUCATION (if additional space is needed please attach information on a separate sheet of paper. Please include official transcripts) **List your academic, technical, and professional education.**

Name of Institution	Dates	Major	Degree earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK EXPERIENCE List teaching and education related positions you have held, including teaching, supervisory, administrative positions. Also list any other professional or business work experience. (if additional space is needed please attach information on a separate paper)

EMPLOYER	TITLE OF POSITION	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRAVEL, EXCHANGE PROGRAMS, CONFERENCES

PROGRAM/ROLE	PLACE	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEMBERSHIPS, ORGANIZATIONS, AND ACHIEVEMENTS List services, offices held, responsibilities, honors received, special recognition, publications, achievements, etc. for Delta Kappa Gamma and other educational, civic, or community organizations. Also list memberships or contributions in scholarly, scientific, artistic or other organizations. (if additional space is needed please attach information on a separate sheet of paper.)

ADDITIONAL INFORMATION

List any other information or special conditions such as financial need, dependents, family obligations, or other criteria that should be considered by the Scholarship Committee.

SIGNATURE _____ **DATE** _____

Send completed application form, letters of reference, and transcripts to:

**Lorna Johnson
Alpha Lambda State Scholarship Chairman
208 Maxfield Point
Newport Center, VT 05857**

802-334-7255 email lbj52@hotmail.com