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**SCHOLARSHIP APPLICATION**

 **PENNSYLVANIA STATE ORGANIZATION**

 **THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL**

Please print or type all information

 Name (Dr., Mrs., Miss, Ms.) Date of Birth Telephone

 Address Street City State Zip

E-mail address Chapter Date of Initiation

**EDUCATIONAL RECORD**

Begin with most recent

 Institution Attended City, State Years Degree Received

**TEACHING EXPERIENCE**

 District, State Position Subject Years

**OTHER VOCATIONAL EXPERIENCE**

 Nature of Work Employer Years

**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)

If applicant was past recipient, did you provide a report to “Spotlight on Scholarship” published in the Keystonian? Yes\_\_\_\_\_ No\_\_\_\_\_

If applicant was past recipient, did you attend State Convention/Executive Board Meeting to receive Scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_

If applicant was past recipient, did you provide a curriculum vitae and photo to Pennsylvaia State Organization Scholarship Committee for its Historical Records? Yes\_\_\_\_\_ No\_\_\_\_\_

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

Chapter Meetings

(Specify approximate number State Conventions

you attended since initiation) International/Regional Conferences

Fall Area Conferences

**CHAPTER RECOMMENDATION**

The Executive Board of Chapter recommends that this Applicant, be considered for a PA State Organization 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.)

1. Chapter Level

 Year Position

1. State Level

 Year Position

1. 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

 Dates Organization Involvement

B. Community Awards, Honors, etc.

**IV. LETTER OF INTENT**

 Please attach a letter describing your planned activity, your professional and personal goals and your reasons for applying for a 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, 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 the PA State Organization in the doctoral dissertation or other publications written while receiving scholarship 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.

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.**

**2/1/19**