** MARIAN SPITZER ROBLING**

**SCHOLARSHIP APPLICATION 2021**

**PENNSYLVANIA STATE ORGANIZATION**

**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL**

**Type all information in the application**

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

Address Street City State Zip

E-mail address Chapter Date of Initiation

xx/xx/xxxx

**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 completed 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 Pennsylvania 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 \_\_\_\_\_

(Specify below the number you attended since initiation)

Chapter Meetings \_\_\_\_\_

State Conventions \_\_\_\_\_

Art Retreats \_\_\_\_\_

Purposeful Seminar \_\_\_\_\_

International Conventions \_\_\_\_\_

International 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:

Chapter Comments: (Must be included, typed, and signed.)

**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 current.)

1. Chapter Level

Position Year

1. State Level

Position Year

1. International Level

Position Year

**II. PROFESSIONAL INVOLVEMENT**

1. Memberships and Offices held in Professional Organizations

**(Begin with the most current.)**

Organization Involvement Dates

1. Other job related activities

Activities Dates

1. Honors, Awards, Scholarships, and Publications

Title/Nature of Award Dates

**III. COMMUNITY INVOLVEMENT**

1. Memberships and Offices Held in Community Organizations

**(Begin with the most current.)**

Organization Involvement Dates

B. Community Awards, Honors, etc.

**IV. LETTER OF INTENT**

Please attach a formal letter addressed to the Chair and Committee include

* your reasons for applying for a scholarship
* your planned activity of study
* your professional and personal goals and how the scholarship will assist you in reaching your goals

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:

1. Remain an active member of the Delta Kappa Gamma Society International.
2. Pursue the course of study or project as specified in my application.
3. Acknowledge the PA State Organization in the doctoral dissertation or other publications written while receiving scholarship funds.
4. Provide a report for the "Spotlight on Scholarship" published in the *Keystonian*.
5. 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, 2021 AND SENT TO:**

## Susan Martin

**PA State Scholarship Chair**

### PO Box 7455

**York, PA 17404**

**(717) 840-1463**

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