

**PENNSYLVANIA STATE ORGANIZATION**

**Marian Spitzer Robling Scholarship Application**

**2024**

**Typed application is to be completed by applicants who are within the first three years of DKG membership.**

**Application is due no later than February 1, 2024, and may be submitted by email as a document attachment or by the United States Postal Service to:**

**Susan Martin, Chairman**

**PA State Organization, Scholarship Committee**

***[All contact information, personal email or home address can be obtained through the DKG PA directory]***

Name (Dr., Mrs., Miss, Ms.):

Date of Birth:

Address (Street, City, State, Zip):

Telephone:

E-mail Address:

Chapter:

Date of Induction (Month/Day/Year):

# EDUCATIONAL RECORD

## Begin with most recent

|  |  |  |  |
| --- | --- | --- | --- |
| Institution Attended | City, State | Dates | Degree Received |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 **TEACHING EXPERIENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| District, State | Position | Subject | Dates |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**OTHER VOCATIONAL EXPERIENCE**

|  |  |  |
| --- | --- | --- |
| Nature of Work | Employer | Dates |
|  |  |  |
|  |  |  |
|  |  |  |

**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:

Toward what degree will you be working? :

If not a degree, specify:

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

If past recipient, did you provide a report to be published in the Keystonian?

Yes: No:

If past recipient, did you attend State Convention/Executive Board Meeting to receive Scholarship?

Yes: No:

If past recipient, did you provide a resume 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: Amount:

**SOCIETY PARTICIPATION**

Number of years in Delta Kappa Gamma: \_\_\_\_

##### CHAPTER LEVEL

Number of meetings your chapter holds per year:

Number of meetings attended since Induction:

(Specify below the number you attended since Induction)

##### STATE LEVEL

State Conventions:

Creative Art Retreats:

Purposeful Seminar:

###### INTERNATIONAL LEVEL

International Conventions:

International Area Conferences:

**PRESIDENT’S LETTER OF RECOMMENDATION**

The President of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter recommends that this Applicant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be

 considered for a Pennsylvania State Organization Scholarship.

Chapter President Signature: Date:

***Name can be typed and application should be emailed from chapter president’s email directly to the State Scholarship Chair. This will confirm signature.***

Chapter President’s Letter of Recommendation: (Letter must be included, typed, and signed. Reference the Chapter President’s Guidelines posted on the website.)

### PROFESSIONAL REFERENCE

**Attach a letter of professional reference to this application.**

**I. DELTA KAPPA GAMMA INVOLVEMENT**

1. Most significant offices, committee assignments, and other services. ***Begin with the most current****.*
2. Chapter Level (*Please use a bulleted list of offices, committees, and other services and the year(s) held*)
3. State Level (*Please use a bulleted list of offices, committees, and other services and the year(s) held*)
4. International Level (*Please use a bulleted list of offices, committees, and other services and the year(s) held*)

**II. PROFESSIONAL INVOLVEMENT**

1. Memberships and Offices held in Professional Organizations

*Please use a bulleted list of the organizations, involvement or offices held and years.* ***Begin with the most current year****. Use the full name of the organization, not the acronym.*

1. Other job related activities:

*Please use a bulleted list of the activities beginning with the most current and include years.*

1. Honors, Awards, Scholarships, and Publications.

*Please use a bulleted list of the titles and nature of the honor, award, scholarship, or publication and include dates.*

**III. COMMUNITY INVOLVEMENT**

1. Memberships and Offices Held in Community Organizations

*Please use a bulleted list of the organizations, involvement or office held and years.* ***Begin with the most current year****. Use the full name of the organization, not the acronym.*

1. Community Awards, Honors, etc.:

*Please use a bulleted list of the titles and nature of the honor, award, scholarship, or publication and include dates.*

**IV. LETTER OF INTENT**

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

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

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 degree as specified in my application.
3. Acknowledge the DKG PA State Organization in the doctoral dissertation or other publications written while receiving scholarship funds.
4. Provide a report to be published in the *Keystonian*.
5. Attend the State Convention to receive my scholarship.

My signature certifies that all information in this application is accurate:

 Signature Date

***Name can be typed, and application should be emailed from applicant’s email address. This will confirm signature.***