

**The Delta Kappa Gamma Society International
Alpha Zeta Chapter
ACADEMIC SCHOLARSHIP APPLICATION**

Name _____

Address _____

Telephone Number _____ E-Mail Address _____

Institution Offering the Course _____

How is the Scholarship intended to be used? _____

Have you been a past recipient of the Alpha Zeta Academic Scholarship? _____

If so, what year? _____

DELTA KAPPA GAMMA INVOLVEMENT

Please list any offices, committees, assignments, or other activities in which you have been an active participant in The Delta Kappa Gamma Society International.

Chapter Level:

State Level:

International Level:

If I am a recipient of the Academic Scholarship, I agree to:

1. Remain an active member of the Delta Kappa Gamma Society International.
2. Pursue the study as specified in my application.
3. Provide a brief verbal or written statement of how this scholarship was used.

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

Signature _____ Date _____

THIS APPLICATION MUST BE POSTMARKED BY FEBRUARY 1 AND SENT TO:

**Carol Lane
503 W. Main Street
Troy, PA 16947**