



SCHOLARSHIP APPLICATION
2020
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 | | |

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 approximate number
you attended since initiation)

Chapter Meetings _____
State Conventions _____
International/Regional Conferences _____
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 and typed)

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

Year

Position

2. State Level

Year

Position

3. 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, 2020 AND SENT TO:

**Susan Martin
PO Box 7455
York, PA 17404**

(717) 840-1463

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