

Scholarship applicants must have been members of Delta Kappa Gamma three years prior to April 15, 2018.

**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL  
IOWA UPSILON STATE ROAD SCHOLAR APPLICATION FORM**  
(Required to be a ROAD SCHOLAR Experience)  
<https://www.road scholar.org/>

**\$600 - ROAD SCHOLAR - 2017-2018**

**PLEASE PRINT OR TYPE:**

**Name of Candidate** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Town** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**1. Delta Kappa Gamma Participation**

**a. Chapter** \_\_\_\_\_

**b. Date of Initiation** \_\_\_\_\_

**c. List offices held in Delta Kappa Gamma and the years in which you served:**

**Chapter:** \_\_\_\_\_

**State:** \_\_\_\_\_

**International:** \_\_\_\_\_

**d. List committees on which you have served. Indicate the years during which you were chair:**

**Chapter:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**State:** \_\_\_\_\_

International: \_\_\_\_\_

**e. Program Participation (circle)**

**CHAPTER STATE WORKSHOP REGIONAL INTERNATIONAL**

Give responsibilities and years \_\_\_\_\_

\_\_\_\_\_

**f. List Delta Kappa Gamma meetings attended during the last two bienniums:**

State Conventions: Dubuque, 2016 \_\_\_\_ Mason City, 2017 \_\_\_\_

International Conventions: Indianapolis, 2014 \_\_\_\_ Nashville, 2016 \_\_\_\_ Other \_\_\_\_

Northwest Regional: Regina, 2015 \_\_\_\_ Spearfish, 2017 \_\_\_\_ Other \_\_\_\_

**2. Recognition for Achievement**

**a. List participation in and offices held in other organizations (Education, Civic, Church):**

\_\_\_\_\_

\_\_\_\_\_

**b. Have you previously received any Delta Kappa Gamma Scholarships? \_\_\_\_\_**

If yes, when and what amount? \_\_\_\_\_

**c. List other honors received: \_\_\_\_\_**

\_\_\_\_\_

**3. Proposed use of Road Scholar Award:**

**a. When? \_\_\_\_\_**

**b. Where? \_\_\_\_\_**

**4. Please list any volunteer work that you have done in the past years and the amount of time spent volunteering.**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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Page three (3) of this application should be completed and signed by the secretary and the president of your chapter. You should give the application to them after you have completed the first two (2). Be sure to allow enough time so that the secretary will be able to mail/email your application before the deadline.

**THE FOLLOWING INFORMATION SHOULD BE FILLED OUT BY THE CHAPTER PRESIDENT AND SECRETARY.**

**Date of initiation:** \_\_\_\_\_

**Attendance Record at Chapter Meetings:**

<u>Number of Meetings Held</u>	<u>Number Attended</u>
2017-2018 _____	_____
2016-2017 _____	_____
2015-2016 _____	_____
2014-2015 _____	_____

**Other significant information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Signed:** \_\_\_\_\_ **Chapter President**

**Signed:** \_\_\_\_\_ **Chapter Secretary**

**Date:** \_\_\_\_\_

**The Chapter Secretary will mail/email all three (3) pages of this application to the Upsilon State Scholarship Chair:**

**Judith Olson  
1200 Craig's Court  
Spencer, IA 51301**

[jaolson@ncn.net](mailto:jaolson@ncn.net)

**APPLICATION MUST BE POSTMARKED/SUBMITTED ELECTRONICALLY  
BY APRIL 15, 2018.**

**Instructions for e-mailing:** After completing the form, choose Save as and give it a new file name, adding first initial and last name to the original file name (for example, scholarship app jaolson.rtf). Make sure to choose **Rich Text Format** from the File type list. Attach the file to your e-mail, using the Subject: Delta Kappa Gamma Road Scholar Recommendation Form and send it to Judith Olson. You might want to send a follow-up e-mail to make sure she got the form.