



Lambda State Scholarship Application Checklist

Begin early to complete the application form. Write your personal essay and request your three references (one from DKG officer, one from university administrator, and one from person in professional setting) (Please ask before holiday break.)

Application must include:

- _____ 1. Award criteria information
- _____ 2. Applicant information pages
- _____ 3. Participation in DKG at local, state and international levels
- _____ 4. Recommendations: a) DKG Officer; b) University professor; c) Professional colleague
- _____ 5. Personal essay including information about the impact your studies will have on your professional and personal life
- _____ 6. Tentative program / List of coursework

All of the above materials must be sent electronically in one packet to Lambda State Scholarship Committee Chair by **January 9, 2018**. **Only** use WORD or pdf format attachments.

Delores Jones
Lambda State Scholarship Chair
scholcomm.lambda.ilstate@gmail.com
(312) 505-1053



INTERNATIONAL SOCIETY FOR KEY WOMEN EDUCATORS
DELTA KAPPA GAMMA™

**Lambda State
Scholarship Application**

Criteria for Lambda State Scholarships: (Standing Rule 1.32)

1. Prior to the application deadline, the Scholarship applicant shall have completed three (3) years of membership in Lambda State for all scholarships for full time study. The applicant is responsible for submitting the application packet electronically including information pages, personal essay, three recommendation forms, and a copy of tentative program or list of coursework no later than **January 9, 2018** to Lambda State Scholarship Chair.
2. The scholarships shall be used at an accredited college or university for study after the convention at which they were awarded: 1) to pursue a planned program for graduate study leading to a degree or certificate or 2) to further educational growth.
3. Scholarships shall be used within two (2) years of the date of the award.
4. The amount of the scholarship shall become available upon presentation to the chair of the Scholarship Committee of the recipient's college/university registration and proof of payment.
5. Lambda State Committee chooses recipients implementing the following
 - a. Chapter participation (10 points) –includes leadership
 - b. State and International participation (10 points each)
 - c. Personal Essay (40 points) –includes purpose, summary of topic studied and future implementation
 - d. Recommendations (30 points)- one DKG chapter president/immediate past president, one university administrator on official letterhead and one professional colleague
 - e. School and other involvement (10 points)

Terms and Conditions of the Scholarship Award

1. All applicants will be notified by **February 15** as to the status of their selection. Applicants selected will be required to notify the State Scholarship Chair in writing of their acceptance of the award by **March 1**.
2. When an applicant accepts a scholarship, she is agreeing to the following:
 - a. To remain an active member of the Delta Kappa Gamma Society International
 - b. To share information at a Delta Kappa Gamma function
 - c. To pursue the course of study as described in the application
 - d. To notify the Lambda State Scholarship chair of any major changes in the course of study
 - e. To indicate willingness to return to the education profession following her period of study
3. Recipients are encouraged to attend the Lambda State Convention to receive their award

For additional information or inquiries please contact:

Delores Jones,
Lambda State Scholarship Chair
djjones60626@yqahoo.com
Phone (312) 505-1053

Name _____ Date _____

Street Address _____

City _____ State _____ Zip code _____

Preferred Phone _____ Email _____

Initiating Chapter _____ Present Chapter _____

Total number of years in chapter(s) _____

Present position in education _____

Number of years in education _____

Are you a past scholarship recipient? _____ No _____ Yes In which years? _____

Total amount of award(s) received? _____

Name of employer (if applicable) _____

Address _____ Phone _____

Name of contact to confirm above information _____

I am applying for the following scholarship(s). (Check all that apply)

_____ (\$3000) Emilie U. Lepthien- For one year of graduate study in school administration after 2018 State Convention.

_____ (\$2000) For a minimum of six semester hours of undergraduate or graduate work during the academic year or summer after 2018 State Convention.

Scholarship money will be awarded **after verification of registration** for coursework **taken after the spring convention in which the scholarship is awarded.**

Note: In addition, the Scholarship Committee may award a \$200 Emma Reinhardt Scholarship to an applicant especially active in Delta Kappa Gamma.

Education

List all colleges and universities attended with the most recent first.

University/College	Location	Year(s) attended	Degree Earned

Professional Work Experience

List the last three educational positions held with the most recent first.

Name of Institution	City	State	Title/Position	Years
1.				
2.				
3.				

**Involvement in School and/or District (e.g. Committees, projects, activities, events)
Include dates**

Membership in organizations: (professional, civic or community) other than Delta Kappa Gamma Society International. Please explain abbreviations if used.

Other (e.g. Honors, awards, publications, research)

Participation in Delta Kappa Gamma (to be filled out by applicant)

- A. **Chapter level** (List offices held and years; list committees chaired and dates, committees served on and dates)
- B. **State level** (List offices held, committees chaired or served on and dates; list attendance at Lambda State conventions, orientation meetings, Creative Arts Retreats, DKG seminars, DKG travel experience and number of years attended) if possible
- C. **International level** (List committees chaired or served on; attendance at Regional conferences and/or International conventions, list year and/or city, i.e. 2008 Chicago - Hospitality Committee member)

Scholarship Recommendation Form

(Completed by DKG chapter president or immediate past president on letterhead)

Applicant's name _____

Chapter Officer Name _____

Chapter Officer Address

City

State

Zip code

Preferred Phone

Email

1. Duration and in what capacity have you known the applicant?
2. Please indicate chapter meeting participation during the past two years (Mark all that apply)

____ Chapter Officer ____ Committee Chair ____ Committee Member
____ Gave presentation to chapter ____ Hosted meeting, fund raiser or activity
____ Other (please explain)

3. Please comment on the applicant's professional skills, leadership ability, attitude, character and/or personal relationships in regards to her contribution to the Society or the profession?

4. Additional Comments (if necessary please use another sheet)

Signature (Electronic signature accepted)

Date

Chapter

Scholarship Recommendation Form

(Completed by University Administrator/Department Chair or Supervisor
on official letterhead)

Applicant's name _____

Professional Reference Name _____

School Address

City

State

Zip code

Preferred Phone

Email

1. Duration and in what capacity have you known the applicant?

2. Please indicate using concrete examples activities you have observed that demonstrate how the applicant has contributed to the educational profession.

3. Please indicate how attendance at your institution or advanced program will enhance the applicant's knowledge. Please indicate any coursework that the applicant has completed if known.

4. Additional Comments

Signature (Electronic signature accepted)

Date

Position

Name of Institution

Scholarship Recommendation Form

(Completed by person who knows applicant in professional setting on official letterhead)

Applicant's name _____

Professional Reference Name _____

Street Address _____

City _____

State _____

Zip code _____

Preferred Phone _____

Email _____

1. Duration and in what capacity have you known the applicant?

2. Please indicate using concrete examples activities you have observed that demonstrate how the applicant has contributed to the education profession.

3. Please indicate how attendance at the professional conference, workshop, convention or similar activity will enhance the applicant's knowledge. (Please indicate activity the applicant attended if known.)

4. Additional Comments (if necessary please use another sheet)

Signature (Electronic signature accepted)

Date

Position

Name of Institution

Personal Essay

The essay should include the purpose and plan of study with all pertinent information as outlined below. Your essay will be judged on organization and expression of ideas, grammar and writing skills. Please include the following:

- a. An abstract of proposal or general statement of area of intended study
- b. Anticipated benefit of proposed graduate or undergraduate work and impact of study on applicant's personal and professional life. Also indicate how you will share knowledge gained with Delta Kappa Gamma members at the state and/or chapter levels.
- c. How applicant plans to use the scholarship.
- d. Limit essay to two pages double-spaced. Please use Arial 11 font.

Educational Plan

University/College	Location	Degree Sought	Major Field

Please mark all that apply:

Student at large
 Admitted to a degree program
 Date admitted _____

Total hours needed to complete degree _____

Anticipated cost of remaining courses _____

Tentative Program

List only courses to be taken during the two years after the state convention at which the scholarship is awarded.

Course Title	Qtr/Sem hours	Cost	Dates of attendance
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_____ I have completed all the information requested and have to the best of my ability filled out all the required forms and do certify that I will complete the coursework as outlined above.

_____ If selected I am encouraged to register and attend the Lambda State convention in Lombard, Illinois April 20-22 2018 to receive the scholarship award.

_____ I plan to return to the educational profession and to continue active participation in the DKG Society following my period of study.

_____ If selected I grant permission that my name and/or photo may be used in publicity releases, i.e. *Newscaster* (Lambda State magazine), Lambda State website

Signature (Electronic Signature Accepted

date

Please electronically send the completed folder to the Lambda State Scholarship Chair no later than January 9, 2018. If the packet is incomplete your application may be disqualified. Be sure to contact persons for recommendations so that your application is sent in a timely manner.

Delores Jones, Lambda State Scholarship Chair

scholcomm.lambda.ilstate@gmail.com

(312) 505-1053