



## Lambda State Special Study Stipend Checklist

### Application must include:

- \_\_\_ 1. Award criteria information
- \_\_\_ 2. Application information page including title and information about project
- \_\_\_ 3. Participation in DKG at local, state and international levels
- \_\_\_ 4. Recommendations: a) DKG Chapter officer b) non DKG member
- \_\_\_ 5. Personal essay including information about your project
- \_\_\_ 6. Verification of payment for project

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

Delores J. Jones  
Lambda State Scholarship Chair  
scholcomm.lambda.ilstate@gmail.com

Please read the statements below and check each statement on the line provided.

- \_\_\_ If selected I am encouraged to attend the Lambda State convention in Lombard, IL, April 20-22, 2018
- \_\_\_ 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

I hereby submit for consideration this application for a Special Study Stipend no later than January 9, 2018.

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Signature (Electronic Signature Accepted

date

**Special Study Stipend Application**  
**Criteria for Lambda State Special Study Stipends:** (Standing Rule 1.32)

1. Prior to the application deadline, an applicant for a Special Study Stipend shall have completed three (3) years of membership in Lambda State. Retired members may also apply.
2. The applicant is responsible for submitting the application packet electronically including information page, personal essay, two recommendation forms, and copy of verification of payment and completion of project no later than **January 9, 2018** to Lambda State Scholarship Chair. Delores J. Jones, [scholcomm.lambda.ilstate@gmail.com](mailto:scholcomm.lambda.ilstate@gmail.com)
3. Special Study Stipends shall be awarded to develop skills that promote professional and/or personal growth.
4. The educational experience for which the special study stipends are awarded shall have taken place between January 1 and December 31 **the year preceding the award ceremony.**
5. Lambda State Committee chooses recipients demonstrating leadership:
  - a. Chapter participation (10 points) –includes leadership and attendance
  - b. State and International participation (10 points each)
  - c. Personal Essay (40 points) –includes purpose, summary of topic studied and future implementation
  - d. Two recommendations (20 points) -one DKG chapter officer, one non DKG member
  - e. Document showing payment (10)

**Terms and Conditions of the Special Study Stipends**

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 Special Study Stipend, she is agreeing to the following:
  - a. To remain an active member of the Delta Kappa Gamma Society International
  - b. To share information of project with Delta Kappa Gamma members.
3. Recipients are encouraged to attend the Lambda State Convention to receive their award.
4. The Stipend awards will be no larger than the smallest scholarship. For 2018 this amount is no more than a total of \$2,000.
5. Applicants requesting stipends for 6 hours or more of college credit are encouraged to apply for a scholarship.

For additional information or inquiries please contact:

Delores J. Jones  
Lambda State Scholarship Chair 2017-2019  
[scholcomm.lambda.ilstate@gmail.com](mailto:scholcomm.lambda.ilstate@gmail.com)  
(312) 505-1053

## Applicant Information

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 stipend 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 \_\_\_\_\_

### **Title of Project or Course:**

A. Brief Description

B. Itemized list of amount requested (travel, registration, meals lodging)

C. Verification of of completion

## Participation in Delta Kappa Gamma

(Completed 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 number of years at Lambda State events, ex, conventions, orientation meetings, Creative Arts Retreats, technology or leadership management seminars, and travel experiences.
- C. International level: list committees chaired or served on; number of years at regional conferences and international convention and years/cities, ex, 2008 Chicago, Hospitality Committee member

**Special Study Stipend 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 attendance at chapter meetings during the past two years.

\_\_\_\_\_ Always

\_\_\_\_\_ Frequently

\_\_\_\_\_ Seldom\*\*

\_\_\_\_\_ Never\*\*

\*\*Please give detail(s)

3. In your opinion what effect may this educational experience have on the applicant's contribution to the Society or the profession?

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

\_\_\_\_\_  
Signature (Electronic signature accepted)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chapter

# Special Study Stipend Recommendation Form

(Completed by person on 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 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

\_\_\_\_\_  
Signature (Electronic signature accepted)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

\_\_\_\_\_  
Name of Institution

## **Personal Essay**

The Essay should include the purpose of the activity, summary of the topic studied, pertinent information about the place and duration of the activity and future implementation of topic with Delta Kappa Gamma members at chapter and/or state level. Your essay must be no longer than one page double-spaced. Use Arial font size 11.