

The Delta Kappa Gamma Society International

Alpha Gamma State Scholarship Application Form

Please fill in all areas relevant to your request and submit it electronically only to the Scholarship Chair.

Name _____

Address _____ Zip Code _____

Date of Birth _____ Telephone (____) _____

Email _____

Chapter in which you are active _____ Initiation Date _____

Current employment _____

Scholarship requested for:

_____ [If Graduate Program](#)

_____ [If Doctoral Program](#)

_____ [If National Board Certification/Renewal Program](#)

IF GRADUATE PROGRAM

Major Field _____ Academic Year _____

Institution where program will be pursued _____

1. Officially admitted to graduate school? _____ Yes _____ No

2. Date course work begun (or anticipated date) _____

3. Where are you in the process? _____

4. Concise statement of your program as approved:

5. Can this program be completed in the year in which you would hold this scholarship? _____

If no, how much longer is needed? _____

6. Are you currently receiving other financial aid (scholarships, grants, etc.)? _____
If yes, please give details including amounts received and source of aid.

7. When will this aid terminate? _____

8. Please outline (on separate sheet if necessary) your plans for graduate study if you are selected for a scholarship. State how the advanced work will benefit you in your career plans.

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IF DOCTORAL PROGRAM

Area of Focused Emphasis _____ Academic Year _____

Institution where program will be pursued _____

1. Officially admitted to doctoral program? ____ Yes ____ No

2. Date course work begun (or anticipated date) _____

3. Where are you in the process? _____

4. Concise statement of your program as approved:

5. Can this program be completed in the year in which you would hold this scholarship? _____
If no, how much longer is needed? _____

6. Are you currently receiving other financial aid (scholarships, grants, etc.)? _____
If yes, please give details including amounts received and source of aid.

7. When will this aid terminate?

8. Please outline (on separate sheet if necessary) your plans for graduate study if you are selected for a scholarship. State how the advanced work will benefit you in your career plans.

Go to ALL APPLICANTS

IF NATIONAL BOARD CERTIFICATION/RENEWAL PROGRAM

Area of Certification _____ Academic Year _____

1. Officially approved for National Board Certification/Renewal? ____ Yes ____ No
2. Date portfolio work begun (or anticipated date) _____
3. Where are you in the process? _____
4. Concise statement of your program as approved:

5. Can this program be completed in the year in which you would hold this scholarship? _____
If no, how much longer is needed? _____
6. Are you currently receiving other financial aid (scholarships, grants, federal/state subsidy, and school district assistance)? _____
If yes, please give details including amounts received and source of aid.

7. When will this aid terminate? _____
8. Please outline (on separate sheet if necessary) your plans for graduate study if you are selected for a scholarship. State how the advanced work will benefit you in your career plans.

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ALL APPLICANTS

I hereby request \$_____ for _____
(Not to exceed \$1,000.00)

I will attend even though I receive only partial funding. ____ Yes ____ No

For the benefit of the Society, I **will** contribute the following: (check all that apply)

- _____ an article for the newsletter
- _____ a program for the Fall Workshop, or
- _____ a program for State Convention

Please fill in the following 3 areas so that we may have information to honor you once you have achieved your goal.

EDUCATION

Summary of higher education (academic, technical, and professional):

Name and location of institution (s) Include dates attended.

Major _____

Degree (s) _____

PROFESSIONAL EXPERIENCE

List in chronological order the educational positions you have held, including all teaching, supervisory and administration positions.

Name and location of institution (s) Include Dates and Title/Position held.

List any other professional positions you have held, giving the type of position, place, and length of employment.

List other work, travel, or study experiences.

List published writings (including articles and reviews) giving title, publisher, and date.

PROFESSIONAL AND COMMUNITY ACTIVITIES AND HONORS

List any scholarships and fellowships you have received, stating in each case the place and date, name of project covered, and amount of stipend.

List positions held and/or services rendered to The Delta Kappa Gamma Society at Chapter, State, or International level.

List professional, community, and other organizations of which you are a member, together with services rendered to each. Include offices held and other pertinent data.

REFERENCES

List the names and addresses of at least three persons who are submitting letters of recommendation your behalf (electronically only). These letters must be on letterhead and include an evaluation in each of the following areas about which they have information.

- Intellectual capacity
- Professional attitudes
- Leadership qualities
- Skills in teaching
- Character
- Ability to work with others

1. Chapter President _____

Business/Professional email _____

Phone (_____) _____

2. Co Worker who has seen your work _____

Position _____

Business/Professional email _____

Phone (_____) _____

For Graduate Program or Doctoral Program only

3. Advisor/Professor _____

Position _____

Business/Professional email _____

Phone (_____) _____

For National Board Certification/Renewal only

4. Superintendent _____ District _____

Business/Professional email _____

Phone (_____) _____

Be sure to send a small, recent photograph (not a snapshot) (electronically only)

For Graduate study and Doctoral program, include a scanned copy or email of the admission statement from the school who will receive the check from Alpha Gamma State if you are awarded this scholarship.

For National Board Certification/Renewal, include a scanned copy or email of your acceptance into the program. If awarded this scholarship, you will need to submit a completed 3rd Party payment form for NBPTS to receive the check from Alpha Gamma State.

Send completed application electronically only to State Scholarship Chair as found on website.