



INTERNATIONAL SOCIETY FOR KEY WOMEN EDUCATORS  
**DELTA KAPPA GAMMA™**

**Tau State Minnesota**

### **Birdella Ross Scholarship**

**The Tau State scholarship shall be called the Birdella Ross scholarship and awarded in odd-numbered years.**

**Eligible members have belonged to Delta Kappa Gamma for at least two years.**

**The Scholarship may be for a graduate degree, licensure, or an allowance for a special workshop. Funds may be granted for travel credit.**

**The award of \$4,000 may be awarded in part or fully.**

## **Directions to the candidate:**

1. Answer all the questions as specifically as possible. All items must be completed.
2. All required papers must be mailed via US Mail and postmarked by **February 15, 2015**. Mail the completed application to the Chair of the Scholarship Committee:

Mary Kay Feltes  
Scholarship Committee Chair  
DKG Tau State  
PO Box 51  
Owatonna MN 55060  
USA

3. Remove Recommendation form and print your name and educational program. Give form to your chapter president or advisor or administrator with a stamped envelope addressed to the Scholarship Committee Chair.
4. It is your responsibility to check with your chapter president or advisor or administrator to be certain the recommendation form is postmarked by the deadline date.
5. The award is for the fiscal year beginning July 1, 2015.



INTERNATIONAL SOCIETY FOR KEY WOMEN EDUCATORS  
**DELTA KAPPA GAMMA™**

**Tau State Minnesota**

## **Birdella Ross Scholarship**

### **Application for Academic year 2015-2016**

**1. Name** \_\_\_\_\_  
Last First Middle initial

**2. Address** \_\_\_\_\_

\_\_\_\_\_  
City State Zip

**3. Telephone number** \_\_\_\_\_

#### **4. Statement of Responsibility**

If awarded all or any part of the Birdella Ross Scholarship, I accept the responsibility to keep the State Scholarship Chair informed of my progress toward my stated goals. I understand that I will receive the full amount of my stipend upon the presentation of the scholarship award.

I shall submit to the State Scholarship Chair an official record of work completed before I may receive additional funds for subsequent sessions. I shall also send a report of my accomplishments at the end of the scholarship period. If I am awarded the scholarship and am unable to accept, I will notify the State Scholarship Chair.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

**5. Education (List most recent first). Academic honors, extracurricular activities, offices held.**

Name of College or University	Major Field	Degree Received	Date Awarded

**6. Experience. List teaching, supervisory and administrative positions you have held. Begin with the most recent. List any positions you have held, stating kind of position, place, and length of service.**

Name of Institution	Title or Position	Dates

**7. List creative contributions to education, such as any published or unpublished works, curriculum writing, media production, arts, etc.**

**8. Professional Recognition. List current membership in professional organizations. List professional recognition and grants.**

<b>Organization</b>	<b>Offices Held</b>	<b>Services Rendered</b>

**9. List other organizations or activities. List community recognitions, awards, and grants.**

<b>Organization</b>	<b>Offices Held</b>	<b>Services Rendered</b>

**10. On a separate sheet of paper, write an essay of 100 words or less describing your short-term and long-term goals.**

**12. Attach a cover letter.**

**13. Write a short outline of the proposed program for which you seek a scholarship:**

**14. Projected expenses:** \_\_\_\_\_

**Amount requested:** \_\_\_\_\_

**15. To this application, attach the following:**

- a. Transcript(s) of credits received in U.S. schools.
- b. Essay. (See 10 above.)

**16. Send completed application via US Mail to:**

Mary Kay Feltes  
Scholarship Committee Chair  
DKG Tau State  
PO Box 51  
Owatonna MN 55060 USA



INTERNATIONAL SOCIETY FOR KEY WOMEN EDUCATORS  
**DELTA KAPPA GAMMA™**  
 Tau State

**Recommendation**  
**Chapter President *or* Advisor *or* Administrator**

**The Birdella Ross Scholarship**

*For a candidate and member of The Delta Kappa Gamma Society who is pursuing a graduate degree, licensure work, workshop, or other professional education.*

**Please share your knowledge of the candidate.**

Candidate's name \_\_\_\_\_

Educational program \_\_\_\_\_

1. For how long have you known this candidate?

0-1 Year      1-2 Years      2-3 Years      3-4 Years      More than 4 years

2. What is the likelihood of the candidate completing her proposed program?

Excellent      Probable      Questionable      Unknown

3. What is the extent of her financial need?

Urgent      Great      Moderate      Unknown

4. Identify the candidate's greatest strength as an educator.

5. Please use the back of this form for additional comments elaborating on the above ratings.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Phone

Please send completed recommendation to:  
**Mary Kay Feltes, Scholarship Committee Chair, DKG Tau State, PO Box 51, Owatonna MN 55060 USA.**