

MARY STUART HARMON SCHOLARSHIP APPLICATION

Dear Mary Stuart Harmon Scholarship Applicant,

Please use the following checklist to make sure your application is completed correctly. Incomplete applications or applications postmarked later than February 1 will not be considered.

- _____ Complete all 4 pages of the application and sign on the last page.
- _____ In ONE packet, send a copy of your application AND your four sealed recommendations to Mary Stuart Harmon Scholarship Committee Chairman. (You can find the name of the Mary Stuart Harmon Board of Trustees Chairman on the [Committees](#) webpage of this site.) The recommendation envelopes must bear your name and the application packet must be postmarked no later than February 1.
- _____ Send a copy of the completed application ONLY to each of the Mary Stuart Harmon Board of Trustees members found on the [Committees](#) webpage of this site. (**Recommendation letters will go to the Chairman only**). Applications must be postmarked no later than February 1.

Note: The name and addresses of these Board members should be published in your yearbook. Your chapter president will also have this information.

Applications will be reviewed and evaluated according to the following:

Membership and General Information	15%
ΔΚΓ Service	50%
Scholarship Need	20%
Recommendations	10%
Education, Experience, Extra Curricular, Publication	5%

APPLICATION FOR MARY STUART HARMON SCHOLARSHIP THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL—ZETA STATE

All information must be typewritten. All blanks must be completed with the information requested. The completed application should be addressed to the Chairman of the Board of Trustees and must be postmarked on or before February 1. Please provide an envelope bearing your name to each of the four persons who will submit a letter of recommendation. Submit the four sealed recommendations with your application.

The Mary Stuart Harmon Scholarship recipient is required to give a report of progress to the chairman each January until the work has been completed.

Full Name of Candidate _____

Present Address _____

Permanent Address (if different from above) _____

E-Mail Address(es) _____

Present Teaching Position: Place _____ Area _____

Place of Birth _____ Date of Birth _____ Single _____ Married _____ Divorced _____

If married, husband's name _____ Occupation _____

Number and ages of children _____ Other dependents _____

CURRENT DELTA KAPPA GAMMA INFORMATION

How long have you been a member? _____ Current Chapter _____

Does your chapter have a scholarship available to members? Yes _____ No _____

If yes, have you applied? Yes _____ No _____ Have you ever received a Delta Kappa Gamma Scholarship? Yes _____ No _____

If yes, give the date, amount, and name of scholarship: _____

List other scholarships for which you have applied or expect to apply during the period of time covered by this application.

SCHOLARSHIP DATA

Highest Degree Held _____ Date Received _____ Institution _____

List goals that this scholarship will help you achieve:

Which Degree	Name of Institution	Target Completion Date

PROFESSIONAL SERVICE AND RECOGNITION FOR ACHIEVEMENT

Delta Kappa Gamma

	Name of Office	Name of Committee Chairmanship or Committee as Member
Chapter	_____	_____
	_____	_____
	_____	_____
	_____	_____
State	_____	_____
	_____	_____
	_____	_____
	_____	_____
International	_____	_____
	_____	_____

Attendance

How many meetings per year does your chapter have? _____

What is your average attendance per year for the last 3 years? _____
(You may secure this information from your recording secretary.)

Reasons for absences _____

How many of the following have you attended?

State Workshop _____

State Convention _____

Regional Conference _____

International Convention _____

List other services to Delta Kappa Gamma. (Example: Playing piano, singing, etc.)

Need

To what degree are you dependent on your teaching salary? Completely Mostly Somewhat Not at all
Circle one.

Give any further personal information related to your need for a scholarship. _____

RECOMMENDATIONS

List the names and addresses of the four persons (indicated below) who are writing the committee in your interest. Each envelope containing the recommendation should bear your name.

Chapter President _____

A Professor _____

An Administrator _____

Personal (does not have to be a **ΔΚΓ** member) _____

SUMMARY OF EDUCATION (academic, technical, and professional)

Name of Institution	Dates of Attendance	Degree and Date

Are you certified by the National Board of Professional Teaching Standards? ____ If so, what year did you certify? ____

EXPERIENCE

List in chronological order beginning with the most recent your employment in teaching and / or administration positions.

Name of Institution	Title or Position	Dates

Total Years of Teaching / Administrative Experience _____ Total Years of Teaching in Mississippi _____

Do you plan to continue teaching in Mississippi? _____

List extra-curricular activities you direct or have directed in your school(s).

Extra-Curricular Activity	Dates

List other professional or business positions you have held.

Type of Position	Place of Employment	Dates

EXPERIENCE (continued)

List any other local, state, and national professional organizations to which you belong.

Name of Organization	Offices / Committee Chairmanship Held

List scholarships and / or fellowships that you have received.

Scholarship / Fellowship	Date Received	Amount

PUBLICATIONS

Title of Published Writing	Publisher	Date and Place of Publication

Applicant Signature

Date and Place of Mailing

Please review and make sure all areas are completed. Use the provided checklist to complete the application procedure.