

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
ZETA STATE ORGANIZATION

SCHOLARSHIP APPLICATION

All information must be typewritten or printed; make sure that all blanks are completed with information that is requested. Application must be postmarked on or before February 1.

FULL NAME OF CANDIDATE_____

MAILING ADDRESS_____

PRESENT TEACHING POSITION: PLACE_____
GRADE OR AREA_____

Chapter of Zeta State of which you are a member_____

Local Zeta State District (circle one): Northern Central Southern

Date of initiation into Delta Kappa Gamma:_____

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

Have you ever received a Delta Kappa Gamma Scholarship?_____

If yes, give the date and the amount_____

How was this scholarship used?_____

I.. SCHOLARSHIP DATA

Scholarship for which you are applying (check one):

____Clytee Evans (minimum of 3 years in Delta Kappa Gamma)

____Amanda Lowther (minimum of 5 years in Delta Kappa Gamma)

Highest degree held_____ Date Received_____

Institution_____

What goal will this scholarship help you achieve? If you are working toward a degree, state which degree, name of institution, work completed, and date you expect to finish.

To what degree are you financially dependent on your teaching salary?

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

II. SUMMARY OF EDUCATION (Beginning with most recent)

NAME OF INSTITUTION	DATES OF ATTENDANCE	DEGREE AND DATE

III. EXPERIENCE

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

POSITION	NAME OF INSTITUTION	DATES

TOTAL YEARS OF TEACHING EXPERIENCE_____

TOTAL YEARS OF TEACHING IN MISSISSIPPI_____

DO YOU PLAN TO CONTINUE TEACHING IN MISSISSIPPI?_____

2. List extra-curricular activities you direct or have directed in your school.

EXTRA-CURRICULAR ACTIVITY	DATES

3. List other professional or business positions you have held.

TYPE OF POSITION	PLACE OF EMPLOYMENT	DATES

4. List other local, state and national professional organizations.

NAME OF ORGANIZATION	OFFICE/COMMITTEE CHAIR HELD

5. List scholarships or fellowships.

SCHOLARSHIP/FELLOWSHIP	DATE	AMOUNT

IV. PROFESSIONAL SERVICE AND RECOGNITION FOR ACHIEVEMENT IN DELTA KAPPA GAMMA

Attendance: How many of the following have you attended?

International Convention_____

Regional Conference_____

State Convention_____

State Workshop_____

District Meeting_____

How many meetings per year does your chapter have? _____

How many chapter meetings have you attended in the last three years? _____
(Information may be secured from chapter recording secretary.)

Reasons for absences _____

	NAME OF OFFICE	NAME OF COMMITTEE CHAIR OR MEMBERSHIP
INTERNATIONAL		
STATE		
CHAPTER		

Other services to Delta Kappa Gamma (be specific) _____

V. PUBLICATIONS

TITLE OF PUBLISHED WRITING	PUBLISHER	DATE

VI. RECOMMENDATIONS

List the names and addresses of there people who are writing the committee in your interest. These letters may be enclosed with your application or sent directly to the Zeta State Scholarship Chairman. It is your responsibility to see that recommendations are received on or before February 1.

1. Chapter president _____

2. An administrator _____

3. Your choice _____

VII. RECIPIENT AGREEMENT

As the recipient of a state scholarship, I agree to report to the chairman of the Zeta State Scholarship Committee and to the State Treasurer how I used the scholarship. I will also make arrangements for the institution I attend to send a document to the treasurer of Zeta State reporting how the scholarship was used.

Signed _____

VIII. CHAPTER SUPPORT

Chapter president or
Scholarship Chairman

Address

Telephone

E-mail address

Date

APPLICANT SIGNATURE

TELEPHONE NUMBER

DATE AND PLACE OF MAILING

The number of scholarships awarded each year will be determined by the amount of scholarship money available as well as previously determined policies; The Zeta State Scholarship committee may reject any application that does not meet the high standards of the Society.

Mail to the Zeta State Scholarships Committee Chairman (*The name, mailing address, and E-mail address of the Committee Chairman should be found in your chapter yearbook.*)