

Application for 2009 Zeta State Leadership/Management Seminar
The Delta Kappa Gamma Society International

Please type or print. Use additional sheets if necessary.

Date of application

Ms.
Miss
Mrs.
Dr.

First name Middle Last

Home Phone _____

Bus. Phone _____

Street Address _____

Fax number _____

City, State, Zip _____

E-mail _____

Chapter _____ Date of Initiation _____

EDUCATION

College or University

Location

Degree

Date

PROFESSIONAL EXPERIENCE

Current employer

City

Title

Years

Major Responsibilities _____

Previous Employer(s) _____

SOCIETY INVOLVEMENT

Offices _____

Committees _____

Other Services _____

SOCIETY INVOLVEMENT (Cont'd.) Conventions Attended: (Give year of the meeting)

District _____ Regional Conference _____

State _____ International Convention _____

PROFESSIONAL AND COMMUNITY INVOLVEMENT

Organizations _____

Significant Publications _____

Honors and Awards _____

In what ways will you be willing to share with other members of Zeta State and with your chapter and district the skills acquired at this Seminar?

How will you use the skills acquired in the Seminar in your professional career?

Name three characteristics that best describe you (three words only).

a. _____ b. _____ c. . _____

Additional significant life experiences not covered elsewhere (please be specific).

For office use only:
Postmark Date: _____
ID Number: _____

**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
ZETA STATE LEADERSHIP/MANAGEMENT SEMINAR
RECOMMENDATION FORM**

Please type or print.

Ms.
Miss
Mrs.

Dr. _____ (Applicant's Name)

First name Middle Last

Ms.
Miss
Mrs.

Dr. _____ (Referent's Name)

First name Middle Last

(Referent's Address)

Street/P.O. Box

City

State

Zip

Business Phone _____ Home Phone _____

1. How long have you known the applicant and in what capacity?

2. From your point of view, what are the applicant's principal strengths?

3. What has the applicant done to evidence leadership potential or professional competency to be endorsed for this award? (Be specific.)

4. Rate this applicant in comparison to other professional educators:

Outstanding _____ Average _____

Superior _____ Not able to determine _____

Good _____ (Please explain below)

5. In addition to the information indicated above, we would appreciate any additional comments that you might share to assist with the selection process.

Complete one of the following as applicable:

CHAPTER PRESIDENT
(Or Immediate Past President)

PROFESSIONAL REFERENT

(Print or Type Name)

(Print or Type Name)

(Signature)

(Signature)

(Title)

(Title)

(Date)

(Date)

PLEASE MAIL RECOMMENDATION FORM TO:

Nancy Jay
Zeta State Leadership Development Committee
4152 Highway 98 West
Summit, MS 39666

DEADLINE: POSTMARKED NO LATER THAN MARCH 1, 2009

THANK YOU FOR YOUR ASSISTANCE

**The Delta Kappa Gamma Society International
promotes professional and personal growth of
women educators and excellence in education.**

