



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

**GAMMA CHI CHAPTER**  
**SCHOLARSHIP APPLICATION FORM**

INFORMATION:

1. A \$1,000 award will be given for use towards tuition/books or National Board Certification. The check will be mailed directly to the institution with which the recipient is pursuing an advanced degree or credential.
2. Applicant ***must be*** a member of the Gamma Chi Chapter pursuing a graduate degree in the field of education or working on National Board Certification.
3. Application deadline is **Saturday, January 18, 2025**.
4. This scholarship is renewable each year that the recipient is actively pursuing a graduate degree in education or working on National Board Certification, but *recipient must re-apply each year*.
5. Application should be turned in, mailed or e-mailed to:  
Betsy Clark, Scholarship Chair  
129 Vaughan Gin Rd  
Macon, NC 27551-8987  
252-586-4585 (h) or 252-204-1820 (c)  
clarbetsy32@gmail.com
6. To receive the award, the recipient ***must provide*** her letter of acceptance, her student ID# and address of institution she is attending or information on payment for National Board Certification no later than **April 21, 2025** to Debra Clayton, Treasurer, 273 Ridgeway-Warrenton Rd, Norlina, NC 27563.
7. A recipient ***is expected to attend*** the Gamma Chi meeting on **May 15, 2025** to receive her award and have her picture taken for publication.

APPLICATION:

1. Personal Data:

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ e-mail \_\_\_\_\_

2. Why do you want to pursue a graduate degree or obtain National Board Certification (use a separate paper, if necessary)?

3. How will this \$1,000 scholarship be beneficial to you?

4. List activities.

a. Professional

b. Community

5. List honors.

a. Professional

b. Community

6. List two references (one reference must be an educator):

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date \_\_\_\_\_