

The Delta Kappa Gamma Society International
Alpha Rho State Oregon

SCHOLARSHIP APPLICATION

**Simplified form for Personal Enrichment Opportunity Award
available from the Commemorative Scholarship Fund**

PERSONAL DATA

Name _____ Soc. Sec. Number _____

Address _____

_____ Phone () _____

Chapter of The Delta Kappa Gamma Society International to which you belong:

_____ Date of initiation (M/Yr) _____

LEADERSHIP EXPERIENCE:

The Delta Kappa Gamma Society International offices, committees, and/or special assignments you have held: (Use the back as needed.)

PROPOSAL:

Include on a separate piece of paper

- A. A brief statement of why you wish to pursue this endeavor.
- B. Place of study.
- C. Type of program.
- D. Date(s) of program or study.
- E. Estimated cost of program

REFERENCES

Include a letter of recommendation from your chapter president.

Applicant's Signature _____ Date _____

Application and supporting documents must be filed with the State Scholarship Chairman by one of the following dates:

July 30, 20____, December 30, 20____, or March 1, 20____

Rev. 8/08 State Scholarship Chairman: Carol Moody, 564 Burgundy Circle, Medford, OR
Ph. 541-773-2982 97504-8315