

The Delta Kappa Gamma Society International

Zeta Omega Scholarship Application

Name: _____

Phone: _____

Address: _____

e-mail: _____

Father's name: _____

Mother's name: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Number of children in the family: _____

High School graduating from: _____

Scholastic average for four years: _____

Rank in graduating class: Class size: _____

Have you applied for admission to a college? _____

Have you been accepted? _____

If yes, where? _____

*Attach Picture
(not to be returned)*

How much have you saved for your college education? _____

How much financial assistance for college expenses can you expect annually from parents, relatives or other sources? _____

List honors and awards received and offices held in school activities.

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

The Delta Kappa Gamma Society International

Participation in extra-curricular activities: _____

Out of school activities: _____

Please write in the space below or attach to this application a statement, in not more than 150 words, giving reasons why you wish to enter the field of education. Please sign and date.