



The Delta Kappa Gamma Society International  
NYS Organization DKG

## Application Form



### NYS Organization DKG Scholarships Active/Retired Educator

**NYS Organization DKG Scholarships are available for:**

- ~ Enrichment Study
- ~ Continuing Education
- ~ Master's Degree Study
- ~ Doctoral Degree Study
- ~ Road Scholar Travel
- ~ National Board Certification

**NYS Organization DKG Scholarship Requirements:**

- ~ Each applicant must be a member in good standing for at least **THREE (3) years**.
- ~ Applications with all supporting documents must be mailed to the Scholarships Chair and must be postmarked by February 15<sup>th</sup>.

All scholarship recipients will be announced and recognized at the Spring Executive Board Meetings, NYS Organization DKG Conventions, on NYS Organization DKG website and in *Pi Lights*.

**COMPLETE EACH SECTION OF THE APPLICATION.**

**\* (Please note: in items 3-9 respond in detail on separate pages.)**

**1. PERSONAL DATA:**

**Name:** \_\_\_\_\_

**Present address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Permanent address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Present Employment/Position:** \_\_\_\_\_

**Present Place of Employment:** \_\_\_\_\_

**2. PROPOSED USE OF SCHOLARSHIP:**

**THIS NARRATIVE IS AN IMPORTANT PART OF THE APPLICATION.  
NO APPLICATIONS WILL BE CONSIDERED WITHOUT IT.**

On a separate sheet of paper, explain the proposed use of the scholarship/the proposed study in approximately **500** words, specifying the following:

- A. Problem to be studied.
- B. Relationship of this study to overall plan for advanced study.
- C. Place of study and type of program.
- D. Detailed cost of this study and time required for completion of this project.
- E. Importance of this study to The Delta Kappa Gamma Society International and your personal advancement and the profession, including the advancement of your students and your school.
- F. Ways in which this study might be shared by you with colleagues and members of The Delta Kappa Gamma Society International.

**Place of Study:** \_\_\_\_\_ **Date of enrollment:** \_\_\_\_\_

**Degree toward which the study will apply:** \_\_\_\_\_

**Date accepted if matriculated for doctorate:** \_\_\_\_\_

**If study is not part of a degree program, for what objective or requirement will the study be completed:** \_\_\_\_\_

**3. THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL MEMBERSHIP INVOLVEMENT:**

**Chapter:** \_\_\_\_\_ **Initiation Date:** \_\_\_\_\_  
(month / year)

*If you have been a member of more than one chapter, indicate the second or third chapter.*

**Chapter: (List offices held, and/or committee service-with years, if possible)**

**State: (List offices held, and/or committee service, conferences and conventions attended - with years)**

**International: (List offices held, and/or committee service, conferences and conventions attended - with years)**

**4. EDUCATION: POST HIGH SCHOOL:**

Provide: Name of Institution, Date of Attendance, Degree/Date, Major.

**5. PROFESSIONAL AND/OR BUSINESS EXPERIENCE:**

List chronologically: Position/Title, Place and Dates of Employment.

**6. TRAVEL, EXCHANGE PROGRAMS, CONFERENCES:**

List chronologically: Program/Role, Place and Dates.

**7. EDUCATIONAL CONTRIBUTIONS:**

Include publications (topic, title, date, place of publications, source), creative productions, performances, lectures, exhibits.

**8. RECOGNITION FOR ACHIEVEMENT:**

Include the kind of recognition such as scholarships, grants, and special honors and the dates.

**9. MEMBERSHIP IN ORGANIZATIONS OTHER THAN DELTA KAPPA GAMMA:**

List any professional, civic, and community service organizations, position such as member/chair and years of membership.

**10. REFERENCES:**

Give the names, titles, and addresses of **three** people you have requested to send a letter of reference to the Scholarships Chair. **One letter must be from a current chapter officer.** Request that all references be **postmarked or emailed no later than February 15.** It is the applicant's responsibility to verify that all references have been mailed and received by the Scholarships Chair. *(Only the Chapter Officer letter is required for retired applicants.)*

Name:

Title:

School/Business Address:

Phone:

( )

Name:

Title:

School/Business Address:

Phone:

( )

Name:

Title:

School/Business Address:

Phone:

( )

**11. OTHER APPLICATIONS:** Are you applying for an International Scholarship for the period covered by this application? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**12. TRANSCRIPT:** A transcript or photocopy of all graduate work must be provided. Do not request colleges and universities to mail copies. Send your own student copies to the Scholarships Chair. Be sure they are **postmarked no later than February 15**. It is the applicant's responsibility to verify that all transcripts have been mailed and received by the Scholarships Chair.

*Note:* Transcripts are not required for retired applicants.

**13. SIGNATURES:**

**Date:** \_\_\_\_\_ **Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Chapter President's Signature:** \_\_\_\_\_

**PLEASE NOTE:** The Scholarship application and all supporting documents must be mailed to the Scholarships Chair and **must be postmarked or emailed no later than February 15**. **When mailing or emailing, please verify with a phone call to the Scholarships Chair.**

Return completed application and all documentation to:

**Scholarships Chair**  
**Susan Gruber**  
**82 W. William Street**  
**Corning, NY 14830-2245**  
[slgruber82@yahoo.com](mailto:slgruber82@yahoo.com)  
607-333-4313