



The Delta Kappa Gamma Society International
Pi (New York) State

Application Form



Pi State Scholarships Active/Retired Educator

Pi State Scholarships are available for:

- ~ Enrichment Study,
- ~ Continuing Education,
- ~ Master's Degree Study,
- ~ Doctoral Degree Study
- ~ Elderhostel Travel
- ~ National Board Certification

Pi State Scholarship Requirements:

- ~ **All applicants 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 MARCH 1st.**

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

COMPLETE EACH SECTION OF THE APPLICATION.

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 on the reverse side, including the same information.

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

Name of Institution:	Date of Attendance:	Degree/Date:	Major:
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

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

Position/Title:	Place:	Dates of Employment:
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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

Program/Role:	Place:	Dates:
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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

8. RECOGNITION FOR ACHIEVEMENT: Include scholarships, grants, and special honors.

Recognition:

Dates:

_____	_____
_____	_____
_____	_____
_____	_____

9. MEMBERSHIP IN ORGANIZATIONS OTHER THAN DELTA KAPPA GAMMA:

(List any professional, civic, and community service.)

Organization:

Position: (Member/Chair)

Years:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 March 1.** 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 be sure they are postmarked no later than March 1st at the home of the Scholarships Chair. 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 Scholarships application and all supporting documents must be mailed to the Scholarships Chair and must be **postmarked or emailed no later than March 1st**. **When emailing, please verify with a phone call to the Scholarships Chair.**

Return completed application to:

**Scholarships Chair
Rosemary Van Wart
105 Tomahawk Street
Yorktown Heights, NY 10598**

RVW20@optonline.net
914-248-5397- home
914-980-1484- cell phone