

DEADLINE: Postmarked on or before December 31

**The Delta Kappa Gamma Society International
DKG California Scholarship Committee
SCHOLARSHIP APPLICATION**

I. PERSONAL INFORMATION

A. Name _____

B. Address _____

City _____ State _____ Zip _____ Email _____

Home Phone (____) _____ Work Phone (____) _____

C. Present Professional Position _____

D. Have you made an application this year for an International Scholarship? Yes ___ No ___

II. EDUCATIONAL PLANS AND OBJECTIVES

A. Degree/Credential/Advanced Studies _____

B. Accredited University/College (WASC or equivalent) Organization

Name _____ Dean/Chair _____

Address _____

City _____ State _____ Zip _____

C. Specific field of graduate study _____

D. Thesis/Dissertation Title (if known) _____

E. Include a short (one page or less) paper with your application that explains how a scholarship and subsequent degree would contribute to your profession and to Delta Kappa Gamma. A separate piece of paper may be used.

F. Time Line of Progress:

Date accepted into degree program/advanced studies program _____
Month Year

Date of anticipated completion of degree/advanced studies program _____
Month Year

V. PROFESSIONAL EXPERIENCES

<u>A. Positions</u>	<u>District</u>	<u>Subject/Area/Grade Level</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>B. Publication Title</u>	<u>Subject</u>	<u>Publisher</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Other (Include Travel) _____

VI. SERVICE TO PROFESSION AND COMMUNITY

<u>A. Professional Organization Name</u>	<u>Office/Position</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>B. Community Service Description</u>	<u>Location</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If desired, submit other information to be considered by the committee.)

VII. HONORS AND AWARDS: (Educational, Community, Scholarships, etc.)

<u>Honors and Awards</u>	<u>Source</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____

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**CHAPTER PRESIDENT
RECOMMENDATION FORM
DKG California Scholarship Committee
To be completed by your Chapter President (or the Immediate Past President)
(type or print)**

(Applicant's Name) _____
Last First Middle

(Referent's Name) _____
Last First Middle

Please use the space provided to give information regarding the applicant's professional experience. A separate piece of paper may be used.

1. How long and in what capacity have you known the applicant?

2. How do you view the applicant in the areas of attitude, character, professional skills, and ability to work with others?

3. How do you perceive the applicant with regard to areas such as contributions to the educational profession, potential for professional growth, and a talent for leadership in Delta Kappa Gamma?

4. Additional Comments:

Signature _____ Delta Kappa Gamma Position _____

Please place the completed recommendation form in the envelope provided by the applicant, seal the envelope, and sign your name across the seal. **Return the sealed envelope to the applicant as soon as possible to enable her to mail it with her application postmarked no later than December 31.** The applicant will be disqualified if the deadline is not met.

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**PERSONAL REFERENCE
RECOMMENDATION FORM
DKG California Scholarship Committee
To be completed by a person of your choice.
(type or print)**

(Applicant's Name) _____
Last First Middle

(Referent's Name) _____
Last First Middle

Please use the space provided to give information regarding the applicant's professional experience. A separate piece of paper may be used.

1. How long and in what capacity have you known the applicant?

2. How do you view the applicant in the areas of attitude, character, professional skills, and ability to work with others?

3. How do you perceive the applicant with regard to areas such as contributions to the educational profession, potential for professional growth, and a talent for leadership?

4. Additional comments:

Signature _____ Relationship to Applicant _____

Please place the completed recommendation form in the envelope provided by the applicant, seal the envelope and sign your name across the seal. **Return the sealed envelope to the applicant as soon as possible to enable her to mail it with her application postmarked no later than December 31.** The applicant will be disqualified if the deadline is not met.

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**PROFESSIONAL REFERENCE
RECOMMENDATION FORM
DKG California Scholarship Committee
To be completed by a supervisor or administrator
with whom you have worked most recently
(type or print)**

(Applicant's Name) _____
Last First Middle

(Referent's Name) _____
Last First Middle

Please use the space provided to give information regarding the applicant's professional experience.
A separate piece of paper may be used.

1. How long and in what capacity have you known the applicant?

2. How do you view the applicant in the areas of attitude, character, professional skills, and ability to work with others?

3. How do you perceive the applicant with regard to areas such as contributions to the educational profession, potential for professional growth, and a talent for leadership in education?

4. Additional comments:

Signature _____

Professional Position _____

Please place the completed recommendation form in the envelope provided by the applicant, seal the envelope and sign your name across the seal. **Return the sealed envelope to the applicant as soon as possible to enable her to mail it with her application postmarked no later than December 31.** The applicant will be disqualified if the deadline is not met.

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CALIFORNIA STATE SCHOLARSHIP APPLICATION CHECKLIST

A. APPLICATION

1. Application Form
2. One copy of latest transcript(s)
3. One copy of verification of acceptance and enrollment from the university or college/program where study is being pursued
4. A copy of membership card
5. Three letters of recommendation
6. Postmarked on or before **December 31**

B. LETTERS OF RECOMMENDATION (All three (3) letters are required)

List name, address and telephone number:

1. Administrator

2. Chapter President (if President is applicant, letter from past President or Area Director)

3. Personal Reference/Colleague

I certify that the information provided in this application is correct and that I am forwarding one set of the completed application to:

Sue Hughes
DKG California Scholarship Committee Chairman
20423 Hunters Hill Rd.
San Jose, CA 95120
sueahughes@aol.com

Signature of Applicant _____ Date _____