

DEADLINE: Postmarked either by June 1 or December 31 of any given year

**The Delta Kappa Gamma Society International
Chi State Scholarships Committee**

CONTINUING EDUCATION AWARD APPLICATION

Continuing Education may be defined as classes, workshops, seminars, conferences, or professional development training. Applicant must have been a member of Delta Kappa Gamma in good standing for at least two years.

PERSONAL INFORMATION

Name _____ Date _____

Address _____

City _____ Zip _____ Email _____

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

Present Professional Position _____

DELTA KAPPA GAMMA INFORMATION

Chapter _____ Area _____ Initiation Date _____

Offices/Committees/Positions	Chapter/Area/State/International
_____	_____
_____	_____
_____	_____

Conventions/Conferences/Study Sessions	Area, State, Regional or International
_____	_____
_____	_____
_____	_____

OTHER ORGANIZATION INFORMATION

Offices/Chairmanships/Committees

Name of Organization

_____	_____
_____	_____
_____	_____

PROJECT INFORMATION

Project Name_____

Description or Literature/Brochures_____

Estimated Cost Breakdown_____

STATEMENT of why you want to attend and how it would benefit you and Delta Kappa Gamma

Request that your Chapter President, or Immediate Past President, complete the Continuing Education Recommendation Form. She should seal it in an envelope and write her signature across the seal. Enclose the Recommendation Form with your Application.

Send completed application and Recommendation Form to Chi State Scholarships Chairman.

Kay Heineman
4266 Jasmine Avenue
Culver City, CA. 90232-3409
kheine3597@aol.com

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Before the reimbursement process can begin, verification of attendance at workshop/training/class and hotel receipts must be submitted to the Scholarships Committee Chairman.

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
CHI STATE

CONTINUING EDUCATION RECOMMENDATION FORM

Date _____

NAME OF APPLICANT _____

1. How long have you known the applicant? _____

2. How do you view the applicant in terms of commitment and service to the Society?

Additional Comments _____

Are you the current _____ or previous _____ Chapter President? (Check one)

Signature _____

Name _____

Address _____

City _____ Zip _____

Chapter _____ Area _____

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