

# The Delta Kappa Gamma Society International Chi State

Personal Growth and Services Committee

## Chi State Hostelship Awards Application Procedures

**Purpose VI** To stimulate the personal and professional growth of members and to encourage their participation in appropriate programs of action

Elderhostel Programs are short-term, low-cost, residential programs in the U.S. and other countries. Each is a rich learning opportunity that is affordable, accessible, and challenging. Applicants must be members of Delta Kappa Gamma for at least 5 years and be at least 55 years of age at the time of application. Applicants may obtain a catalog and registration form from:

ELDERHOSTEL  
75 Federal Street  
Boston, MA 02110-1941

Phone: 1-800-895-0727  
<http://www.elderhostel.org>

Submit the application by December 1 or June 1 to the Personal Growth and Services representative listed below.

1. After registering and attending an Elderhostel program, obtain a Chi State Hostelship Award Application from the Chi State website: **[www.chistate.org](http://www.chistate.org)** or contact Personal Growth and Services Committee Member:  
Lorraine Avery  
100 Ormond Court  
Novato, CA 94947  
415-898-5601  
[lorraine.a@comcast.net](mailto:lorraine.a@comcast.net)
2. A one page summary of the experience should be typed or computer generated, single-spaced, using font size 12.
3. Photos, including at least one small photo of yourself, should accompany the summary.
4. Submit a copy of the registration/confirmation form.

**DEADLINE: December 1 or June 1**

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Personal Growth and Services Committee

## CHI STATE HOSTELSHIP APPLICATION

### I. Personal Data

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### II. Completed Elderhostel Program

Program Title \_\_\_\_\_  
Place of Study \_\_\_\_\_ Dates \_\_\_\_\_  
Program Topics \_\_\_\_\_

### III. The Delta Kappa Gamma Society International, Chi State

Member of \_\_\_\_\_ Chapter \_\_\_\_\_ Area \_\_\_\_\_  
Date of Initiation \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Type of Membership: Active \_\_\_\_\_ Reserve \_\_\_\_\_ Honorary \_\_\_\_\_

IV. Have you received a Chi State Hostelship before? If yes, date \_\_\_\_\_

### V. List offices held and services rendered at Chapter and/or state level:

a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

VI. Describe the presentation/s you have made as a result of the Elderhostel experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Chapter President's signature \_\_\_\_\_ Date \_\_\_\_\_

### Include the following:

- One page summary of experience
- One or more photos of the trip
- One small photo of yourself
- Copy of registration confirmation

### Send this application to:

Lorraine Avery  
100 Ormond Court  
Novato, CA 94947  
lorraine.a@comcast.net

**DEADLINE: December 1 or June 1**

(Application documents will not be returned. Please retain a copy.)