

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

**I. PERSONAL INFORMATION**

A. Name \_\_\_\_\_

B. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

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. Submit at least a one page essay on the anticipated contribution of your study to education and to Delta Kappa Gamma. (Computer generated) Attach additional sheets as needed.

F. Time Line of Progress:

Date accepted into degree program/advanced studies program \_\_\_\_\_

Date of anticipated completion of degree/advanced studies program \_\_\_\_\_  
Month Year

**III. DELTA KAPPA GAMMA INFORMATION**

A. Current Chapter \_\_\_\_\_ Area \_\_\_\_\_

Previous Chapter(s) \_\_\_\_\_ Area/State \_\_\_\_\_

B. Initiation Date \_\_\_\_\_  
(submit a copy of current membership card)

C. Offices/Chairmanships (attach additional sheets as needed)

<u>Position/Committees</u>	<u>Level: Chapter/Area/State/International</u>
_____	_____
_____	_____
_____	_____

**IV. EDUCATIONAL BACKGROUND** Send transcript from school issuing latest degree.

A. <u>Degrees</u>	<u>University/College</u>	<u>State</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. <u>Credentials</u>	<u>University/College/State</u>
_____	_____
_____	_____
_____	_____
_____	_____

C. Other \_\_\_\_\_

**PROFESSIONAL EXPERIENCES**

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

B.	<u>Publications: Title</u>	<u>Subject</u>	<u>Publisher</u>	<u>Date</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

C. Other (Include Travel) \_\_\_\_\_

**VI. SERVICE TO PROFESSION AND COMMUNITY**

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

B.	<u>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>
_____	_____	_____
_____	_____	_____

**CHAPTER PRESIDENT  
RECOMMENDATION FORM  
Chi State Scholarships 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.

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 these: 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, 2009.** The applicant will be disqualified if the deadline is not met.

**PERSONAL REFERENT  
RECOMMENDATION FORM**  
**Chi State Scholarships 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.

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 these: 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, 2009.** The applicant will be disqualified if the deadline is not met.

**PROFESSIONAL REFERENT  
RECOMMENDATION FORM**  
**Chi State Scholarships 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.

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 these: 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, 2009.** The applicant will be disqualified if the deadline is not met.

## CHI STATE SCHOLARSHIP APPLICATION CHECKLIST

### A. APPLICATION

- \_\_\_\_\_ 1. Three copies of typed Application Form (PAGES 1-3)
- \_\_\_\_\_ 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. The three letters of recommendation
- \_\_\_\_\_ 6. Postmarked on or before **December 31, 2009**

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

List name, address and telephone number:

- \_\_\_\_\_ 1. Administrator

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

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- \_\_\_\_\_ 3. Personal Reference/Colleague

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

Carol Kawamoto  
 6917 Town View Lane  
 San Diego, CA. 92120-1745

[ckkawamoto@aol.com](mailto:ckkawamoto@aol.com)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant