

**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
ALPHA ETA STATE**

SCHOLARSHIP APPLICATION FORM

Attach Small
Photograph Here

Scholarship applying for (check one)

Mary Eva Rite (beyond master's)*
\$1000.00- \$2500.00

Founders or Marguerite Thompson
\$750.00

All information must be typewritten. Complete all sections applicable to the Scholarship for which you are applying. Attach to this Application Form evidence of educational progress and mail directly to your State Chairman on Scholarships.

I. Personal Data

Name of Applicant _____ Date _____

Present Address _____

City, State, Zip _____

Telephone No. Home _____ Business _____

Email Address _____

Date of Birth _____ Place of Birth _____

Are you an American Citizen? _____ Date of Naturalization? _____

Number of years a resident of South Carolina _____

Date joined Delta Kappa Gamma _____

Name of Chapter and State to which you belong _____

Are you married? _____ Maiden Name _____

Name and occupation of husband _____

Number of children _____ Ages of children _____

Number of other dependents, if any _____

II. College Plans and Previous Training

1. College you will be attending _____

Address _____

City, State, Zip _____

Check Level of Study:

Doctorate

Specialist Degree

Master's Degree

Certification

**Applicants for the Mary Eva Hite Scholarship must provide a doctor's statement concerning their health status.*

What Field of Study will you be studying in this program?

2. I will be attending: Check appropriate box.

Full Time

Part Time

Summer Only

Other, Explain

3. List below your college training:

Name of Institution

Dates of Attendance

Degree/Date Received

4. In what field did you major for your Bachelor's Degree? _____

Your Master's Degree? _____

In what field are you specializing for an advanced degree? _____

Give the title of your Master's Thesis. _____

Additional hours needed for completion of degree _____ Projected cost _____

III. Beginning with your current position, list in chronological order your employment since receiving your Bachelor's Degree.

Name of Institution

Title of Position

Annual Salary

IV. Publications, if applicable:

List below all published writings, giving titles, publisher, place of publication and date. Applicants may send copies of publications and programs developed.

V. Recognition of Achievement:

1. List any scholarships or fellowships you have held, giving for each the name of the project covered, place, date, and stipend.

2. Of what learned or honor societies are you a member?

3. Please check attendance at Delta Kappa Gamma meetings:

State

Southeast Regional

International

4. List any other special honors or recognition you have received.

5. List Delta Kappa Gamma involvement, especially at the local level. (Importance is attached to contributions and commitment of the candidate to Delta Kappa Gamma.)

6. List the professional and community organizations of which you are a member, together with services rendered to each.

VI. References: List below the names and addresses of persons you have requested to send letters of recommendation directly to the Scholarship Committee Chairman. (Founders and Marguerite Thompson applicants complete #1 and #2 only.)

1. Chapter President _____

Address _____

City, State, Zip _____

2. Graduate Professor _____

Address _____

City, State, Zip _____

3. Professional Reference _____

Address _____

City, State, Zip _____

VII. Future Plans:

1. For what position are you preparing yourself? _____
2. Do you plan to continue teaching in South Carolina? _____
3. Do you expect to secure financial aid from any other source? _____
4. Will you receive sabbatical pay? _____
5. Give a brief statement of your plans for advanced study should you be selected for the scholarship.

VIII. Write a paragraph explaining how your receiving this scholarship will benefit Delta Kappa Gamma.

IX. Describe the merit of your proposed program of study in the following ways: **Complete this item only if you are applying for the Mary Eva Hite Scholarship.**

1. Describe your plan of study.
2. Describe the service potential of problem proposed for study.
3. Relate the study to a specific need in South Carolina.

X. Provide evidence of need for financial assistance (this can be a narrative). **Complete this item if you are applying for any one of the three scholarships.**

XI. Signature _____ Date _____

(Prior to receiving any part of the stipend, I understand that I must send to the Scholarships Chairman a copy of the acceptance sent to me by the college or university which I shall be attending.