

Arizona State Organization Scholarship Application

It is my desire to pursue and complete one of the following: (Please check one.)

* Advanced Degree (Masters, Doctorate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Specialized Endorsement (Reading Specialist, Special Education, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* National Board Certification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Additional Certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INCLUDE All THE FOLLOWING ITEMS:

Incomplete application will NOT be considered. You must be a member of DKG for a minimum of two years.

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Delta Kappa Gamma ID# \_\_\_\_\_\_\_\_\_\_\_\_ Chapter \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initiation Date \_\_\_\_\_\_\_\_\_\_\_\_\_

4. Educational background (undergraduate and graduate): include the name of each institution, the dates you attended, and degrees earned beginning with the most recent. Note if you have National Board Certification or specialization. (Points: 0-5)

|  |  |  |
| --- | --- | --- |
| Name of Institution | Dates Attended | Degree(s) Earned |
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5. List in chronological order your professional and educational positions and cities and states in which you served. For your educational positions, list the district(s). Begin with present position.

(Points: 0-10)

|  |  |  |
| --- | --- | --- |
| Educational Position | School District | City, State |
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6. Identify and list dates of scholarships, fellowships and grants received including those from Delta Kappa Gamma. (Points: 0-5)

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7. List honors and awards in chronological order beginning with the most recent. (Points: 0-5)

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Honor/Award | Date | Honor/Award |
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8. List affiliation with professional and community organizations. List any offices held. (Points: 0-5)

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9. List positions held in Delta Kappa Gamma. Beginning with the most recent, give position, dates served, specify chapter, state or international level. (Points: 0-25)

|  |  |  |
| --- | --- | --- |
| Position | Dates Served | Chapter, State or International |
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10. On a separate page, write an Impact Statement, providing a summary of how, where and when the scholarship will be used. Additionally, indicate your major field of study. The Impact Statement should be between 100-200 words using a 12-point font and double spaced. (Points: 0-30)

11. Submit ***three (3)*** original letters of recommendation from persons who know of your contributions to the Society, the teaching profession and the community. One of the letters must come from the Delta Kappa Gamma chapter president or her designee, one must be from an administrator or supervisor, and one must be from a person who knows of your contributions to the community. (Points: 0-5 for each letter. Total possible points for recommendations is 15.)

***It is the applicant’s responsibility to ensure that the three letters are postmarked by the March 1 deadline.***

12. Signature of Chapter President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Signature of the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Special notes for the scholarship recipient(s):

* Recipient(s) will be required to submit a photo upon selection.
* Though the scholarship can be received a second time, it is not guaranteed.
* An account of how the scholarship was used and the benefits derived from it will be sent to the Scholarship Chair prior to March 1st of the following year.
* If the scholarship is not used for the applied purpose within one year, funds must be returned to the DKG Arizona treasurer.

15. Send the application, and have recommendations sent, to Scholarship Chairman:

**Suzanne Godard**

**(520) 991-5657 (call or text)**

**suzannegodard@gmail.com**

**DKG Arizona State Scholarship Application**

**Checklist for Applicant**

For your application to be considered, it is important that you carefully read and comply with all directions. Incomplete or late applications will not be considered. It is the applicant’s responsibility to:

* Follow all directions including the content and format of the Impact Statement.
* All applications must be sent by March 1.
* Follow up to ensure that your three recommendations have been sent to Sandy Hillegass by March 1.
* Check for the accurate completion of the following sections of the application:

|  |  |  |
| --- | --- | --- |
| * Done
 | Description | Points |
|  | Educational Background | 0-2 |
|  | National Certification | 0-3 |
|  | Professional Experience | 0-10 |
|  | Recognition of Achievements |  |
|  | 1. Scholarships/Fellowships/Grants
 | 0-5 |
|  | 1. Honors and Awards
 | 0-5 |
|  | 1. Professional and Community Affiliations
 | 0-5 |
|  | Active Participation and Leadership in DKG | 0-25 |
|  | Impact Statement  | 0-30 |
|  | Recommendations |  |
|  | * 1. Chapter President or Designee
 | 0-5 |
|  | * 1. Administrator or Supervisor
 | 0-5 |
|  | * 1. Personal (addressing your community engagement)
 | 0-5 |
|  | Total | 100 |

I hereby state that all of the information provided on this application is true and complete to the best of my knowledge.

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 Electronic Signature Date