



Application Form

NYS Organization DKG Scholarships

Active/Retired Educator

NYS Organization DKG Scholarships are available for:

- ~ Enrichment Study
- ~ Continuing Education
- ~ Master's Degree Study
- ~ Doctoral Degree Study
- ~ Road Scholar Travel
- ~ National Board Certification

NYS Organization DKG Scholarship Requirements:

- ~ Each applicant must be a member in good standing for at least TWO (2) years.
- ~ Maximum request amount is \$3000.

~ Applications with all supporting documents must be mailed/emailed to the
Scholarship Committee Chair Mary Ann Baldari,
 26 Joel Place
 Staten Island, NY 10306
 646-284-3268
 718-979-6377
Mbald2626@yahoo.com
 and must be postmarked by **February 15th**.

All scholarship recipients will be announced and recognized at the Spring Executive Board Meetings, NYSO DKG Conventions, on NYSO DKG website and in *Pi Lights*.

COMPLETE EACH SECTION OF THE APPLICATION.

*** (Please note: In items 3-9 respond in detail on separate pages.)**

1. PERSONAL DATA:

Name: _____

Present address: _____ **Zip:** _____

Permanent address: _____ **Zip:** _____

Phone: (_____) _____

Email address: _____

Present Employment/Position: _____

Present Place of Employment: _____

2. PROPOSED USE OF SCHOLARSHIP:

**THIS NARRATIVE IS AN IMPORTANT PART OF THE APPLICATION.
NO APPLICATIONS WILL BE CONSIDERED WITHOUT IT.**

On a separate sheet of paper, explain the proposed use of the scholarship/the proposed study in approximately **500** words, specifying the following: A. Problem to be studied.

B. Relationship of this study to overall plan for advanced study

C. Place of study and type of program

D. Detailed cost of this study and time required for completion of this project

E. Importance of this study to The Delta Kappa Gamma Society International, your personal advancement and the profession, including the advancement of your students and your school

F. Ways in which this study might be shared by you with colleagues and members of The Delta Kappa Gamma Society International

Place of Study: _____ **Date of enrollment:** _____

Degree toward which the study will apply: _____

Date accepted if matriculated for doctorate: _____

If study is not part of a degree program, for what objective or requirement will the study be completed: _____

3. THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL MEMBERSHIP INVOLVEMENT:

Chapter: _____ **Induction Date:** _____
(month / year)

If you have been a member of more than one Chapter, indicate the second or third Chapter.

Chapter: (List offices held and/or committee service-with years, if possible)

State: (List offices held and/or committee service, conferences and conventions attended - with years)

International: (List offices held and/or committee service, conferences and conventions attended - with years)

4. EDUCATION: POST HIGH SCHOOL:

Provide: Name of Institution, Date of Attendance, Degree/Date, Major.

5. PROFESSIONAL AND/OR BUSINESS EXPERIENCE:

List chronologically: Position/Title, Place and Dates of Employment.

6. TRAVEL, EXCHANGE PROGRAMS, CONFERENCES:

List chronologically: Program/Role, Place and Dates.

7. EDUCATIONAL CONTRIBUTIONS:

Include publications (topic, title, date, place of publications, source), creative productions, performances, lectures, exhibits.

8. RECOGNITION FOR ACHIEVEMENT:

Include the kind of recognition such as scholarships, grants and special honors with the dates.

9. MEMBERSHIP IN ORGANIZATIONS OTHER THAN DELTA KAPPA GAMMA:

List any professional, civic, and community service organizations, position such as member/chair and years of membership.

10. REFERENCES:

Give the names, titles, and addresses of **three** people you have requested to send a letter of reference to the Scholarships Chair. **One letter must be from a current Chapter officer.** Request that all references be **postmarked or emailed no later than February 15.** It is the applicant's responsibility to verify that all references have been mailed and received by the Scholarships Chair. *(Only the Chapter Officer letter is required for retired applicants.)*

Name: _____ **Title:** _____

School/Business Address: _____ **Phone (_____)** _____

Name: _____ Title: _____

School/Business Address: _____ Phone: (____) _____

Name: _____ Title: _____

School/Business Address: _____ Phone: (____) _____

11. OTHER APPLICATIONS: Are you applying for an International Scholarship for the period covered by this application? _____ **YES** _____ **NO**

12. TRANSCRIPT: A transcript or photocopy of all graduate work must be provided. Do not request colleges and universities to mail copies. Send your own student copies to the Scholarships Chair. Be sure they are **postmarked no later than February 15**. It is the applicant’s responsibility to verify that all transcripts have been mailed and received by the Scholarships Chair.

Note: Transcripts are not required for retired applicants.

13. SIGNATURES:

Date: _____ Applicant’s Signature: _____

Date: _____ Chapter President’s Signature: _____

PLEASE NOTE: The Scholarship application and all supporting documents must be mailed to the Scholarship Chair and **must be postmarked or emailed no later than February 15th**. **When mailing or emailing, please verify with a phone call to the Scholarship Committee Chair.**

Return completed application and all documentation to:

NYSO DKG Scholarship Chair Mary Ann Baldari
26 Joel Place
Staten Island, NY 10306
646-284-3268 cell 718-979-6377
Mbald2626@yahoo.com

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