**1.**

**The Delta Kappa Gamma Society International**

**Kentucky State Organization Scholarship Application Form**

**Please fill in all areas relevant to your request and submit it electronically only to the Scholarship Chair by February 1, 2024. Please complete this page and additional pages for your program as indicated below.**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Chapter in which you are active\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initiation Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarship requested for:

\_\_\_\_\_\_ Graduate Program pp.2,5,6

\_\_\_\_\_\_ Doctoral Program pp. 3,5,6

\_\_\_\_\_\_ National Board Certification/Renewal Program pp.4,5,6

**Scholarship Chair: Mary Evans -** [**maryameliaevans@gmail.com**](mailto:maryameliaevans@gmail.com)

**2.**

**IF GRADUATE PROGRAM**

Major Field\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Year\_\_\_\_\_\_\_\_\_\_\_\_

Institution where program will be pursued

1. Officially admitted to graduate school\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No
2. Date course work began (or anticipated date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Where are you in the process? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Concise statement of your program as approved:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Can this program be completed in the year in which you would hold this

scholarship? \_\_\_\_\_\_\_\_\_

If no, how much longer is needed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. State how your graduate studies will benefit you in your career plans.

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**Go to ALL APPLICANTS**

**3.**

**IF DOCTORAL PROGRAM**

Area of Focused Emphasis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution where program will be pursued \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Officially admitted to doctoral program \_\_\_\_\_\_\_Yes \_\_\_\_\_\_No
2. Date course work began (or anticipated date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Where are you in the process? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Concise statement of your program as approved:

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1. Can this program be completed in the year in which you would hold this scholarship?

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_No

If no, how much longer is needed?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. State how your graduate studies will benefit you in your career plans.

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**Go to ALL APPLICANTS**

**4.**

**IF NATIONAL BOARD CERTIFICATION/RENEWAL PROGRAM**

Area of Certification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Year\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Officially approved for National Board Certification/Renewal \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No
2. Date portfolio work began (or anticipated date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Where are you in the process? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Concise statement of your program as approved:

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1. Can this program be completed in the year in which you would hold this scholarship?

\_\_\_\_\_\_Yes \_\_\_\_\_\_No

If no, how much longer is needed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. State how your work toward National Board Certification will benefit you in your career plans.

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**Go to ALL APPLICANTS**

**5.**

**ALL APPLICANTS**

I hereby request $ 1,000.00 for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Program)

For the benefit of the Society, I will contribute the following:

(check all that apply)

\_\_\_\_\_\_\_ an article for the KSO Newsletter and “possibly”

\_\_\_\_\_\_\_ a chapter presentation **or** \_\_\_\_\_\_\_a presentation at the Fall Workshop

**Please fill in the following 3 areas so that we may have information to recognize you at the 2024 KSO State Convention.**

EDUCATION

Summary of higher education (academic, technical, and professional)

Name and location of institution (s). Include dates attended.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Major(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROFESSIONAL EXPERIENCE

List in chronological order the educational positions you have held, including all teaching, supervisory, and administration positions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**6.**

***ALL APPLICANTS***

PROFESSIONAL EXPERIENCE (CONTINUED)

**Name and location of institution (s). Include Dates and Title/Position held.**

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**List any other professional positions you have held, giving the type of position, place, and length of employment.**

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**List positions held and/or services rendered to The Delta Kappa Gamma Society at Chapter, State, or International level.**

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\*Be sure to send a small, recent photograph. (not a snapshot) (electronically only)

\*For Graduate study and Doctoral program, include a scanned copy or email of the admission statement.

\*For National Board Certification/Renewal, include a scanned copy or email of your acceptance into the program. If awarded this scholarship, you will need to submit a completed 3rd Party payment for NBPTS to receive the check from KSO.

**\*\*Send completed application electronically only to State Scholarship Chair:**

**Mary Evans - maryameliaevans@gmail.com**