

**ETA STATE NORTH CAROLINA**  
**Sixth Year And Doctoral Level Scholarship Application**  
**Year 2019 of the 2017-2019 Biennium**

**Cover Page**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Have you previously applied for an Eta State Scholarship? \_\_\_\_\_ If yes, what year? \_\_\_\_\_

Have you previously been awarded an Eta State Scholarship? \_\_\_\_\_ If yes, what year? \_\_\_\_\_

If applicable, what Eta State Scholarship did you receive? \_\_\_\_\_

What does The Delta Kappa Gamma Society International mean to you? (500 word limit)

**Recommendations:** List below the names, positions, addresses and telephone numbers of your chapter president, your advisor or a professor, and a reference of your choice. These are the three references to whom you will send recommendation forms which should be completed and emailed to the Scholarship Chairperson (Michelle Benigno, [mtbteacher@gmail.com](mailto:mtbteacher@gmail.com)) by February 1, 2019.

Chapter President \_\_\_\_\_

Advisor/Professor \_\_\_\_\_

Additional Reference \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

**ETA STATE NORTH CAROLINA**  
**Sixth Year And Doctoral Level Scholarship Application**  
**Year 2019 of the 2017-2019 Biennium**

**I. Delta Kappa Gamma Society Participation**

Chapter Name \_\_\_\_\_ Geographic Location of Chapter \_\_\_\_\_

Date of Initiation \_\_\_\_\_ Total Number of Years as a Member \_\_\_\_\_

Please list the titles and dates of your elected and/or appointed offices within each level of the Society, including names of committees on which you have served as a member and names of those on which you have served as chairman. List participation in activities, conferences, and workshops at all levels of the Society.

A. Chapter

---

---

---

---

---

B. State

---

---

---

---

---

C. International

---

---

---

---

---

**II. Education: An official copy of your most recent transcript (OR a copy of your letter of acceptance into sixth-year or doctoral study) and a copy of your current license(s), must accompany this application.**

A. Please list all colleges and universities you have attended in reverse chronological order. That is, list most recent first.

Name	Location	Dates of Attendance	Major	Degree Earned
------	----------	---------------------	-------	---------------

---

---

---

---

---

B. Describe academic honors that you have received at both undergraduate and graduate levels.

---

---

---

**ETA STATE NORTH CAROLINA**  
**Sixth Year And Doctoral Level Scholarship Application**  
**Year 2019 of the 2017-2019 Biennium**

**III. Professional Experience:** List in reverse chronological order the educational positions that you have held. Include teaching, supervision, administration, and research positions beginning with your present position on the top line.

Name and Address of Agency	Position	Dates

**IV. Participation in Organizations other than Delta Kappa Gamma Society.** List organizations to which you are affiliated. State your responsibilities and/or contributions.

A. Professional Organizations:

---

---

B. Community Organizations:

---

---

**V. Status of Graduate Work**

Degree Sought \_\_\_\_\_ Major Field \_\_\_\_\_  
Institution \_\_\_\_\_ Date Enrolled \_\_\_\_\_  
Total Hours Required for Degree \_\_\_\_\_ Total Hours Completed \_\_\_\_\_

**VI. Please describe your degree focus, your reasons for pursuing an advanced graduate degree, and your career goals. Explain how you will use this scholarship if it is awarded to you.**

**ETA STATE NORTH CAROLINA**  
**Sixth Year And Doctoral Level Scholarship Application**  
**Year 2019 of the 2017-2019 Biennium**

**CHAPTER PRESIDENT'S LETTER OF RECOMMENDATION**

***Applicant Instructions:*** Complete the following information and email to your chapter president in a timely manner so she has sufficient time to fill out and email the recommendation to the Scholarship Chairperson, Michelle Benigno: [mtbteacher@gmail.com](mailto:mtbteacher@gmail.com) (**suggested distribution date: January 1, 2019; suggested reference return date: January 25, 2019.**). Her letter will be included in your application packet. Clearly inform your reference that your application will be considered only if the letter of recommendation is emailed by **February 1, 2019.**

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number(s) \_\_\_\_\_

E-mail address \_\_\_\_\_

Date Sent to Chapter President \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

***Applicant's Message to Reference:*** As a member of The Delta Kappa Gamma Society International, I am applying for a state level scholarship. The completed form should be emailed to the State Scholarship Committee. I appreciate your willingness to serve as a reference for me. This information will be confidential.

***Instructions to Chapter President:*** Please complete the following information and email it to the Scholarship Chairperson (Michelle Benigno: [mtbteacher@gmail.com](mailto:mtbteacher@gmail.com)). Your letter should be emailed **by January 25, 2019.** This applicant will be considered for this award only if the letter of recommendation is in her application packet.

Name of Chapter President \_\_\_\_\_

Chapter \_\_\_\_\_

Address \_\_\_\_\_

Telephone and Email \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

***Please attach a letter of recommendation that includes a description of this applicant's:***

- A. Attendance at Society meetings and functions
- B. Service to the chapter
- C. Leadership potential
- D. Other relevant information

**ETA STATE NORTH CAROLINA**  
**Sixth Year And Doctoral Level Scholarship Application**  
**Year 2019 of the 2017-2019 Biennium**

**ADVISOR’S/PROFESSOR’S/SUPERVISOR’S LETTER OF RECOMMENDATION**

**Applicant Instructions:** Complete the following information and email to your advisor, a professor or supervisor who knows your academic record in a timely manner. The advisor should email the recommendation to the Scholarship Chairperson, Michelle Benigno: [mtbteacher@gmail.com](mailto:mtbteacher@gmail.com) (**suggested distribution date: January 1, 2019; suggested reference return date: January 25, 2019.**). The letter will be included in your application packet. Clearly inform your reference that your application will be considered only if the letter of recommendation is emailed by **February 1, 2019.**

Applicant’s Name \_\_\_\_\_  
 Major Area of Study \_\_\_\_\_  
 Number of Credit Hours Completed \_\_\_\_\_  
 Date Sent to Advisor/Professor \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**Applicant’s Message to Reference:** As a member of The Delta Kappa Gamma Society International, I am applying for a state level scholarship. The information on this form will be provided to the State Scholarship Committee. The completed form should be emailed to the State Scholarship Committee Chairperson. I appreciate your willingness to serve as a reference for me. This information will be confidential.

**Instructions to Advisor/Professor:** Please complete the following information and email it to the State Scholarship Committee Chairperson, Michelle Benigno: [mtbteacher@gmail.com](mailto:mtbteacher@gmail.com). Your letter should be emailed **by January 25, 2019.** This applicant will be considered for this award only if the letter of recommendation is in her application packet.

Name of Professor/Advisor \_\_\_\_\_  
 Position/University \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone and Email \_\_\_\_\_  
 Date \_\_\_\_\_ Signature \_\_\_\_\_

**Compared to other graduate students, please rate this applicant.**

	Exceptional	Above Average	Average	Below Average
Intellectual Capacity				
Verbal Communication Skills				
Written Communication Skills				
Professional Skills				
Knowledge of Subject Matter				
Organizational Skills				
Goal Focused				
Character/Values				
Research Skills/Potential				
Teaching Skills/Potential				
Writing Skills/Potential				
Interpersonal Skills				

**Comments:**

\_\_\_\_\_

**ETA STATE NORTH CAROLINA**  
**Sixth Year And Doctoral Level Scholarship Application**  
**Year 2019 of the 2017-2019 Biennium**  
**LETTER OF RECOMMENDATION**

**Applicant Instructions:** Complete the following information and email the form to a reference of your choosing. Send the form in a timely manner so the reference has sufficient time to complete and email the recommendation to the Scholarship Chairperson, Michelle Benigno: [mtbteacher@gmail.com](mailto:mtbteacher@gmail.com) (suggested distribution date: **January 1, 2019**; suggested reference return date: **January 25, 2019**). This material will be included in your application packet. Clearly inform this reference that your application will be considered only if the letter of recommendation is emailed **by February 1, 2019**.

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

Date Sent to Reference \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**Applicant's Message to Reference:** As a member of The Delta Kappa Gamma Society International, I am applying for a state level scholarship. The completed form should be emailed to the State Scholarship Committee Chairperson (suggested distribution date: **January 1, 2019**; suggested reference return date: **January 25, 2018**). I appreciate your willingness to serve as a reference for me. This information will be confidential.

**Instructions to Reference:** Please complete the following information and email the recommendation to the Scholarship Chairperson (Michelle Benigno: [mtbteacher@gmail.com](mailto:mtbteacher@gmail.com)). Your letter should be emailed **by January 25, 2019**. This applicant will be considered for this award only if the letter of recommendation is in her application packet.

Name of Reference \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone and Email \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**1. Please rate this applicant in the areas listed below.**

	Exceptional	Above Average	Average	Below Average
Intellectual Capacity				
Verbal Communication Skills				
Written Communication Skills				
Professional Skills				
Organizational Skills				
Goal Focused				
Character/Values				
Interpersonal Skills				
Community Service				

**2. You may attach a letter of recommendation that includes information on this person's potential for service to professional education or give comments below.**