

**ETA STATE NORTH CAROLINA**  
**MASTER'S 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? \_\_\_\_\_

\_\_\_\_\_ This application is submitted for  
\_\_\_\_\_ an academic scholarship requiring graduate school enrollment  
\_\_\_\_\_ project support not associated with a degree and available only to master's and post-  
master's candidates.

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 \_\_\_\_\_

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**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

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B. State

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C. International

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**II. Professional Qualifications: For those seeking an academic scholarship, an official copy of your most recent transcript (OR a copy of your letter of acceptance to a graduate program) AND a copy of your current license(s) as applicable must accompany this application. For those seeking project support, a copy of your most recent transcript and a copy of your current license(s) as applicable 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
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B. Describe academic honors that you have received at both undergraduate and graduate levels.

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**III. Professional Experience:** Beginning with your most recent, list the educational positions that you have held. Include teaching, supervision, administration, and research positions.

Name and Address of Agency	Position	Dates

**IV. Participation in Organizations other than The 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 or Special Project**

Degree Sought or Project Emphasis \_\_\_\_\_ Major Field \_\_\_\_\_

Institution or Agency \_\_\_\_\_ Starting Date \_\_\_\_\_

Total Hours Required for Degree or Project \_\_\_\_\_ Total Hours Completed \_\_\_\_\_

**VI. Please describe your degree focus or the focus of your project, your reasons for pursuing a graduate degree or this special project, and your career goals. Explain how you will use these funds if they are awarded to you.**