

**ETA STATE NORTH CAROLINA**  
**SPECIAL PROJECT 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

\_\_\_\_\_ project support not associated with a degree

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 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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**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 Special Project**

Project Objective(s): \_\_\_\_\_

\_\_\_\_\_

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

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

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