

NC DKG
POST-BACCALAUREATE ACADEMIC SCHOLARSHIP APPLICATION
Year 2020 of the 2019-2021 Biennium

Cover Page

Name _____ Date _____

Address _____

Telephone: Home _____ Work _____ Fax _____

Email Address _____

Have you previously applied for an NC DKG Scholarship? _____ If yes, what year? _____

Have you previously been awarded an NC DKG Scholarship? _____ If yes, what year? _____

If applicable, what NC DKG Scholarship did you receive?

_____ This academic scholarship application is submitted for:

_____ a program requiring graduate school enrollment

_____ work not associated with a degree and available only to post-baccalaureate 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) by **February 1, 2020**.
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

B. State

C. International

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 other post-baccalaureate support, a copy of your most recent transcript (OR program acceptance letter) 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.

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 with which you are affiliated. State your responsibilities and/or contributions.

A. Professional Organizations:

B. Community Organizations:

V. Status of Graduate Work or Post-Baccalaureate Work

Degree Sought or Emphasis _____ Major Field _____
Institution or Agency _____ Starting Date _____
Total Hours Required for Degree or Academic Work _____ Total Hours Completed _____

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