

THE
DELTA
KAPPA
GAMMA
SOCIETY
INTERNATIONAL

FOR KEY WOMEN
EDUCATORS

Alpha Alpha State Organization

Beta Gamma Chapter

SCHOLARSHIP APPLICATION

We have established a scholarship of \$500
to assist a worthy York County High School senior
who will attend a college/university in pursuit of a teaching career.

Application due by March 1.
The scholarship recipient will be notified by May 1.

*The Delta Kappa Gamma Society International
promotes professional and personal growth in
women educators and excellence in education.*

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I. PERSONAL DATA

Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

Parent's Name: _____

Father

Mother

II. HIGH SCHOOL

A. A current transcript for grades 9 through 11 and a copy of your most recent report card must be included with this application.

B. Extracurricular Activities and Awards – Please list by name and by year (9, 10, 11, 12) teams, clubs or organizations you participated in, offices held and awards or honors received.

III. COMMUNITY INVOLVEMENT

Please list by name and by year (9,10,11,12) any community leadership positions, membership and/or volunteer work. Also include the approximate number of hours per week for each commitment.

IV. JOB EXPERIENCE

Please list by title and by year (9,10,11,12) any paid positions you have held. Also include the approximate number of hours per week worked.

V. COLLEGE PLANS

A. What college do you plan to attend? _____

B. Have you been accepted? _____

C. Major: _____

VI. ESSAY

On a separate sheet of paper please include a one-page essay addressing the following:

- The educational level or subject area you intend to teach
- What person(s) or experience(s) influenced this career choice
- What personal qualities you possess that will enable you to be an effective teacher

VII. RECOMMENDATIONS

Please forward letters of recommendation from one (1) teacher and one (1) person other than a teacher or relative.
Please use attached forms.

VIII. AGREEMENT

In the event I am chosen to receive this scholarship, I agree to Major in Education and maintain a 'B' or higher average.

Applicant's Signature

Date

Parent's Signature

Date

Please submit this completed application by March 1st.

Send to: Barbara H. Snare
3672 Cheltenham Rd
York, PA 17402

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Recommendation Form

STUDENT NAME _____

The Beta Gamma Chapter of the Delta Kappa Gamma Society International is interested in your evaluation of the applicant's 1. Academic achievement 2. Character 3. Service and 4. Personal qualifications for teaching.

BACKGROUND INFORMATION:

How long have you known this student and in what context?

What are the first words that come to your mind to describe this student?

Printed Name _____ School/Employment _____

Signature _____ Phone _____

Position _____ Date _____

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