Delta Kappa Gamma
International Society for Key Women Educators
Delta Alpha Chapter-Dade County

Scholarship Application

APPLICATION DEADLINE: APRIL 25, 2025 TO DCHS FRONT OFFICE

PRESENTATION: CLASS NIGHT AT DCHS

APPLICATION PACKAGE:

- Completed application form
- High school transcript
- ACT/SAT Score
- Brief biographical statement including future plans & aspirations
- Two letters of recommendation

SELECTION CRITERIA:

- Financial need
- Interest and goal-orientation toward attainment of a college degree with STRONG preference toward education majors

NOTE: INCOMPLETE APPLICATION PACKAGES WILL NOT BE CONSIDERED FOR ANY DKG SCHOLARSHIP

NAME: _____

HOME ADDRESS: _____

PHONE: _____

BIRTHDATE: _____

COLLEGE/UNIVERSITY YOU PLAN TO ATTEND _____

ACCEPTED AT COLLEGE/UNIVERSITY YES NO

ENROLLMENT DATE _____

PROPOSED COLLEGE MAJOR _____

APPROXIMATE COLLEGE COSTS PER YEAR:

TUITION _____

ROOM AND BOARD _____

BOOKS _____

OTHER EXPENSES (LIST) _____

FINANCIAL INFORMATION

PARENT/GUARDIAN 1 _____

EMPLOYER _____

PARENT/GUARDIAN 2 _____

EMPLOYER _____

ADJUSTED GROSS INCOME FROM 2023 FEDERAL TAX RETURN _____

AGE(S) OF OTHER DEPENDENTS IN THIS HOUSEHOLD: _____

_____

STUDENT'S EMPLOYMENT HISTORY: _____

_____

_____

DKG

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NOTE: REPORTING MISLEADING INFORMATION COULD BE DISQUALIFYING

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EDUCATIONAL INFORMATION

CLASS RANK _____

MOST CURRENT HOPE GPA (FROM GA FUTURES ACCOUNT) _____

HAVE YOU TAKEN THE SAT? _____ SCORE: _____

HAVE YOU TAKEN THE ACT? _____ SCORE: _____

LIST SCHOOL/COMMUNITY CLUBS AND ACTIVITIES IN WHICH YOU HAVE BEEN INVOLVED. PLEASE INCLUDE ANY OFFICES OR SPECIAL POSITIONS YOU HAVE HELD IN ANY ORGANIZATION.

_____

_____

_____

_____

_____

LIST YOUR ACADEMIC/ARTS/ATHLETIC HONORS/ACCOMPLISHMENTS

_____

_____

_____

_____

SPECIFY ANY SPECIAL NEEDS, HARDSHIPS, OR EXTENUATING CIRCUMSTANCES YOU WOULD LIKE TO BE CONSIDERED BY THE SCHOLARSHIP COMMITTEE:

_____

_____

_____

ATTACH YOUR BIOGRAPHICAL STATEMENT TO THIS APPLICATION.
BE SURE TO INCLUDE YOUR FUTURE PLANS AND ASPIRATIONS.