



INTERNATIONAL SOCIETY FOR KEY WOMEN EDUCATORS
DELTA KAPPA GAMMA

Delta Kappa Chapter

2025 SCHOLARSHIP APPLICATION

PURPOSE

To award a deserving Franklin County senior who plans to become a teacher a \$500 scholarship.

*****To ensure the recipients will commit to attending college, this scholarship will be disbursed the second semester.***

ELIGIBILITY REQUIREMENTS

Applying students must:

- ❖ Be a citizen of the United States
- ❖ Be a graduating senior who plans to pursue a degree in Education
- ❖ Have a 2.5 minimum cumulative GPA.
- ❖ Submit a completed application which includes:
 - 2 Recommendation Rubrics
 - GPA Verification
 - a 1-2 page, **double-spaced, typed** essay, font size 12-14, describing your:
 - personal background
 - education goals
 - career goals, and
 - how this scholarship will assist you in achieving these goals
- ❖ Plan to enroll as a full-time student in a college or university the upcoming Fall Semester

APPLICATION PROCESS

1. Type or print all information, being sure to answer all questions.
2. Spelling, grammar and neatness will count.
3. Place entire application in a sealed envelope.
4. Return completed application packet to Ms. Lynn Clark in the FCS front office no later than Friday, April 18, 2025.

NOTIFICATION

A Delta Kappa Gamma (DKG) member will announce the scholarship recipient at their high school's Senior Recognition Night, presenting the awardee with a certificate and an award letter.

DISBURSEMENT

The funds will be disbursed during the second semester, being forwarded to the recipient's college or university after DKG has received an official copy of the second semester schedule. This document must be submitted to DKG within the first month of the second semester. If funds are not needed to pay tuition and other such fees, funds will be placed in the students' account at the school, only after the closing of the drop/add period for the second semester.

FORFEITURE

The recipients shall forfeit their scholarship if they:

- Fail to show proof of attendance to a post-secondary institute
- Do not provide proof of attendance within the first month timeframe

RECOMMENDATION RUBRIC-1

****This Recommendation Rubric is to be completed by any school faculty or staff member. **Must not be a family member.***

Applicant's Name _____

This Rubric submitted by:

Your Name _____

Title/Position at the school _____

How do you know this applicant? _____

How long have you known this applicant? _____

<i>Criteria</i>	<i>Rating</i>			
	<i>(place a ✓ in the appropriate column)</i>			
	Outstanding	Good	Fair	Unable to Judge
Responsibility/Reliability				
Initiative				
Ability to work with others				
Leadership				
Poise/Self-Confidence				
Personal Appearance				
Attitude				

Please provide additional comments:

Signature _____

Date _____

RECOMMENDATION RUBRIC-2

****This Recommendation Rubric is to be completed by someone from the community. **Must not be a family member, a DKG member or anyone affiliated with the school.***

Applicant's Name _____

This Rubric submitted by:

Your Name _____

How do you know this applicant? _____

How long have you known this applicant? _____

<i>Criteria</i>	<i>Rating</i>			
	<i>(place a ✓ in the appropriate column)</i>			
	Outstanding	Good	Fair	Unable to Judge
Responsibility/Reliability				
Initiative				
Ability to work with others				
Leadership				
Poise/Self-Confidence				
Personal Appearance				
Attitude				

Please provide additional comments:

Signature _____

Date _____

GPA VERIFICATION

***This section must be completed by the school's Guidance Counselor.*

Applicant's Name (print) _____

Cumulative GPA (*please indicate weighted or unweighted*) _____

Guidance Counselor Certification

I certify the above information to be true and accurate according to the transcript on record for the student listed above.

Print Name _____

Signature _____

Date _____

=====

APPLICATION CHECKLIST

Please check that you have completed all parts of this application. (*Application will not be considered if any of the items listed are omitted from the submitted packet.*)

- _____ Application
- _____ Essay
- _____ Recommendation Rubrics (2)
- _____ GPA Verification

STUDENT CERTIFICATION

I have read and understand the conditions of this application. The information contained in this application is true, complete and accurate.

Applicant's Printed Name _____

Applicant's Signature _____

Date _____