



The Delta Kappa Gamma Society International
New York State



Application Form

Pi State Scholarships

Pi State Scholarships are available for Retired and Active Educators for:

- ~ Personal Advancement
- ~ Road Scholar
- ~ Enrichment Study
- ~ Continuing Education
- ~ Master's Degree Study
- ~ Doctoral Degree Study
- ~ National Board Certification
- ~ National Board Re-Certification

Pi State Scholarship Requirements:

- ~ All applicants must be a member in good standing for at least **TWO (2) years**.
- ~ Applications with all supporting documents must be sent to the Scholarships Committee (info at end of form) and must be postmarked by **FEBRUARY 15**.

All scholarship recipients will be announced and recognized at the Spring Executive Board Meetings, NY State Organization (NYSO) Conventions, on NYSO DKG website and in *Pi Lights*.

COMPLETE EACH SECTION OF THE APPLICATION

Today's Date _____

1. PERSONAL DATA:

Name: _____

Email address: _____

Present address: _____ Zip: _____

Permanent address, if different: _____ Zip: _____

Best phone number: _____ Is this a Cell number? _____

If a retired educator, check here: _____

If a currently active educator:

Present Employment/Position: _____

Present Place of Employment: _____

2. PROPOSED USE OF SCHOLARSHIP:

Please check the one that best applies to your pursuit:

- Personal Advancement
- Elderhostel Travel
- Enrichment Study
- Continuing Education

- Master's Degree Study
- Doctoral Degree Study
- National Board Certification
- National Board Re-Certification

Name of Program: _____

Sponsoring Organization or Institution: _____

Dates of Program or Length of Study: _____

Detailed Cost: _____

Explain the objective and importance of this pursuit in regards to your personal and/or professional development, including the advancement of your students and/or school, if applicable.

How do you plan to share what you have learned with your DKG Sisters and/or colleagues in the future?

If pursuing a degree or National Certification, please answer the following questions:

Date accepted, if matriculated: _____

Anticipated date of graduation: _____

Post High School Institution(s), Major(s), Degree(s) (if applicable)

3. THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL MEMBERSHIP INVOLVEMENT

Your Chapter(s): _____

Induction Year: _____ (include the month if you were inducted within the past 3 years)

Name of Chapter President _____ **Her phone #** _____

In what ways have you participated in DKG?

4. YOUR PROFESSIONAL LIFE

What can you tell us about yourself that would help us understand who you are as a professional so that we can better make our decision? (Feel free to include ways in which you have contributed to the field of education or another profession, other experiences/programs that have contributed to your professional growth, and/or special recognition you have received.)

5. MEMBERSHIP IN ORGANIZATIONS OTHER THAN DELTA KAPPA GAMMA:

In what ways are you involved in other professional or civic groups, and/or community service?

6. OTHER APPLICATIONS: Are you applying for an International Scholarship for the period covered by this application? _____ **YES** _____ **NO**

7. REFERENCES: Give the names, titles, and contact information of the **3** people whom you have asked to send a letter of reference to the Scholarships Committee on your behalf.

- **One letter must be from a current Chapter Officer.**
- Be sure to request that the letters of reference be **postmarked or emailed no later than FEBRUARY 15 and sent to the appropriate people at the bottom of this application.**
- Applicants should not send the letters of reference in themselves, but it is the applicant's responsibility to verify that all references have been sent in and received by the Scholarships Committee.
- **ATTENTION!** For **RETIREES**, only the Chapter Officer letter is required.

Name: _____ **Title:** _____

School/Business or Home Address: _____

Phone: _____

Name: _____ **Title:** _____

School/Business or Home Address: _____

Phone: _____

Name: _____ **Title:** _____

School/Business or Home Address: _____

Phone: _____

PLEASE NOTE: The Scholarships Application and all letters of reference must be submitted to the appropriate Scholarships Committee Member listed below and must be **postmarked or emailed no later than FEBRUARY 15.**

***IMPORTANT:** When emailing a digital copy, in particular, please **verify with a phone call** that your application & letters have been received. (Phone contacts are included below.)

E-mail **digital** submissions to:

Sue Gruber

forward.thinking.homes@gmail.com

Phone or text: 607-333-4313

OR Mail completed **hard copies** to:

Jane Crosby

980 Cipriana Dr., Unit A1 # 321

Myrtle Beach, SC 29572

Phone or text: 315-719-7914