



The Delta Kappa Gamma Society International  
Louisiana State Organization  
**SCHOLARSHIP APPLICATION**  
**Deadline: January 15**

Please print or type all information.

Attach a recent photo to your emailed application.

A member who applies for a scholarship must submit the current application that can be obtained in the Forms section of the Louisiana State web site at <http://epsilonstatedkg.org>. The completed application and letters of recommendation must be emailed no later than January 15. These are sent to the Chairman of the State Scholarship Committee, Barbara Richard (barbara.richard@rpsb.us)

Be sure to read the Scholarship Application Guidelines found in the Forms section of the web site. Follow these guidelines as you prepare your application.

1. List your most recent experiences first. Be sure to give dates when requested.
2. If you do not have experience in a category, write NONE in the space provided.
3. Please use the complete title or name of organizations. Do not use acronyms.
4. Be specific. Don't assume the committee is familiar with every grant, organization, or educational program in your district.
5. Plan to attend the Louisiana State Organization Convention in March.

**Part I. Personal Data**

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ / \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Birthday \_\_\_\_\_  
 Marital Status Married Divorced Single Widowed Email \_\_\_\_\_  
 Number of Children \_\_\_\_\_ Ages \_\_\_\_\_

**Part II. Educational Background**

Name of Institution	Dates of Attendance	Degree/Certification
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Field(s) of Specialization \_\_\_\_\_

**Part III. Delta Kappa Gamma Involvement**

Present Chapter \_\_\_\_\_ District \_\_\_\_\_  
 Initiation date \_\_\_\_\_ Chapter of Initiation \_\_\_\_\_  
 Has your membership been continuous? \_\_\_\_\_ If no, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List offices held – specify if level is chapter, state, regional, or international

Office	Level	Date

Committee Chairmanships held (specify if level is chapter, state, regional, or international)

Committee	Level	Date

Have you previously been awarded a Delta Kappa Gamma scholarship? \_\_\_\_\_

If yes, give name(s) of scholarship(s) and date(s) received.

State \_\_\_\_\_ International \_\_\_\_\_

**Part IV. Professional Experience and Involvement**

Total number of years in educational profession \_\_\_\_\_ In Louisiana \_\_\_\_\_

**Experience** List, in chronological order, positions held. Include teaching, supervisory, administrative, and other professional positions.

Institution/Employer	Title of Position	Dates

**Professional Organizations** List professional organizations of which you are a member and offices held.

Organization(s)	Offices Held	Service(s) you provided

