**Delta Kappa Gamma Society International West Virginia State Organization (WVSO)**

**Scholarship Application**

**Indicate for which scholarship(s) you are applying:**

**(Only one can be awarded to you.)**

\_\_\_ Gertrude Roberts ($1,000) – *Doctoral or Post-Doctoral Study*

\_\_\_ State Founders Scholarship ($1,000) - *Doctoral or Post-Doctoral Study*

\_\_\_ Past Presidents Scholarship ($750) – *Master’s Degree Study*

\_\_\_ Master’s Degree Plus Scholarship ($600)

**PLEASE PRINT OR TYPE ALL INFORMATION ON THE APPLICATION. THE COMPLETED APPLICATION, TRANSCRIPTS, AND REFERENCES ARE DUE TO THE SCHOLARSHIP CHAIRWOMAN BY FEBRUARY 1, 2024.**

**Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Ms., Mrs., Dr.}**

**WVSO Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Inducted/Initiated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **PERSONAL INFORMATION**

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **EDUCATION**

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| --- | --- | --- | --- |
| *Institution* | *Dates Attended* | *Diploma or Degree Granted* | *Major* |
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1. **List educational institutions you have attended beginning with the most recent:**

1. **List academic honors you have received**:

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1. **PROFESSIONAL EXPERIENCE**
2. **Number of years of professional experience: \_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **List teaching, supervisory, and/or administrative positions you have held:**

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| --- | --- | --- | --- |
| *Institution* | *City/County* | *Dates* | *Position(s)* |
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1. **RECOGNITION AND ACHIEVEMENTS**
2. **Scholarship(s) and/or Fellowship(s) you have received:**

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1. **Current Professional Organization Membership(s)**

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1. **SERVICE TO DELTA KAPPA GAMMA**
2. **List chapter/state committees on which you have served. Begin with most recent.**

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| **Chapter/State** | **Committee** | **Dates (Biennium)** |
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1. **List chapter/state offices you have held. Begin with most recent.**

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| --- | --- | --- |
| **Chapter/State** | **Office** | **Dates (Biennium)** |
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1. **EDUCATION PLANS**
2. **Proposed Place of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Major Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Summarize your plans and indicate how this study will benefit the field of education. (Please complete this section in 750 words or less.)**
5. **REFERENCES**

**List the names of three people from whom the WVSO Scholarship Committee will receive letter of recommendation supporting your application. These people do not have to be members of Delta Kappa Gamma. The reference form is on the last page of the application. These letters of recommendation may be emailed or sent through USPS to:**

APPLICANT: BE RESPONSIBLE AND FOLLOW THROUGH WITH YOUR REFERENCES TO BE SURE THE RECOMMENDATIONS ARE RETURNED BY THE DEADLINE SO YOUR APPLICATION WILL BE COMPLETE. IF YOU WANT TO PICK UP THE RECOMMENDATION FROM THE REFERENCES YOU MAY DO THAT.

**Susan Marra**

**WVSO Executive Secretary**

**smarra1950@gmail.com**

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| **Name of Reference** | **Email or Phone** | **Position** |
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1. **PERSONAL STATEMENT – This is your opportunity to share any further information you would like the committee to have. It is an optional step.**
2. **TRANSCRIPT – Please attach your most recent transcript to the application.**
3. **SIGNATURE OF APPLICANT**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recommendation for West Virginia State Organization Scholarship**

**NAME OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The above-named applicant has applied for a scholarship award from the West Virginia State Organization of the Delta Kappa Gamma Society International. In the space below or on a separate sheet, please supplement the formal application with a statement that indicates her scholarly achievement, fitness for graduate study, personal qualities, character, and reliability of the applicant. Please include how you are acquainted with the applicant and her work.**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE COMPLETE AND RETURN THIS FORM BY FEBRUARY 1, 2024 TO:**

**Susan Marra**

**WVSO Executive Secretary**

**Smarra1950@gmail.com**

**YOU MAY ALSO RETURN THE FORM TO THE APPLICANT WHO CAN SUBMIT IT WITH HER APPLICATION.**