



# The Delta Kappa Gamma Society International Alpha Rho State Oregon

## SCHOLARSHIP APPLICATION FORM

**Dates for consideration of all awards will be August 1, December 1, and March 1.**

Fund descriptions:

\_\_\_\_\_ **Hazel Fishwood**

Candidates for this scholarship will **show evidence of acceptance into their program of choice** and will be given preference in the following order: pursuit of a postdoctoral degree, pursuit of a doctoral degree, pursuit of a master's degree, a postdoctoral study, a doctoral study, a master's study, a general graduate study.

\_\_\_\_\_ **Emma Henkle**

This scholarship is available for graduate study, preferably in the field of language arts and possibly including multiple languages.

\_\_\_\_\_ **State Founders and State Presidents**

This fund is for candidates pursuing graduate studies. (One of the selected awards will be designated in the name of Bernice Conoly).

\_\_\_\_\_ **Isabelle Huston Commemorative**

This award is available for graduate study, special certification, and studies or projects advancing educational excellence.

\_\_\_\_\_ **Personal Enrichment Commemorative**

This fund is for short-term programs such as Roads Scholars or similar study groups, workshops, seminars, conferences, and non-credit courses that will aid in personal growth.

### PERSONAL DATA NECESSARY FOR ALL APPLICATIONS

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Chapter: \_\_\_\_\_

Date of Initiation (M/Y) \_\_\_\_\_

Chapter President: \_\_\_\_\_

**If you are applying for a Personal Enrichment Award, please continue on page 3.**

**PROPOSAL FOR THE FOLLOWING FOUR AWARDS:**

**Hazel Fishwood, Emma Henkle, State Founders/Presidents, and Isabelle Huston Commemorative**

Include separate pages to provide a brief outline of your proposal:

Current teaching assignment: \_\_\_\_\_

Major field of study: \_\_\_\_\_

Date of acceptance: \_\_\_\_\_

Beginning date: \_\_\_\_\_ Expected completion date: \_\_\_\_\_

Place of study: \_\_\_\_\_

Degree to be earned, if any: \_\_\_\_\_

Approximate cost of your program: \_\_\_\_\_

**Include a copy of your college transcript if you are pursuing an advanced degree.**

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**Type concise answers regarding the following categories:**

**1. EDUCATION**

A. Summarize your education (academic, technical, and professional), listing the name of the institution, the years you were there, major fields of study, and any degree received.

**2. EXPERIENCE:**

A. Beginning with your present position, list the teaching positions you have held. Include all teaching, supervisory and administration positions. Give the name of the institution, your title or position, and the years of employment.

B. Describe any other professional and/or business employment, including your honors, awards, presentations, or publications.

C. Describe any community service, activities, and honors or awards.

**3. LEADERSHIP:**

A. Describe service to The DKG Society International, such as offices, special assignments, or committees for chapter or state.

B. Describe service to district, school, or other professional/educational organizations.

C. Explain plans to share your experiences with your chapter and other chapters/organizations.

**4. FINANCIAL NEED:**

A. Briefly describe your financial need and any family obligations. If applicable, include your spouse's occupation and ages of any children at home or in college.

**5. REFERENCES:**

A. List the names of THREE persons and their positions to whom you will send reference forms recommending you for this scholarship. One of your references must be a member of your chapter. References will be sent directly to the State Financial Awards Chair and must be received by the selected due date to be considered at that time.

**See the bottom of page 3 for mailing information.**

**PROPOSAL FOR THE PERSONAL ENRICHMENT COMMEMORATIVE AWARD**

**Applicants for the Personal Enrichment Commemorative Award will complete the following section:**

**Leadership Experience**

List DKG offices, committee responsibilities, and/or special assignments you have held:

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**Attach a separate sheet to include:**

**PROPOSAL**

- A. A brief statement explaining why you are pursuing this endeavor
- B. Place of study
- C. Type of program
- D. Date(s) of program or study
- E. Estimated cost of program or study

**REFERENCE**

Ask your chapter president to send a letter of recommendation directly to the State Financial Awards Chair listed below.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**A photo of yourself for the New Oregon Trail would be appreciated.**

**All applications and letters of recommendation should be mailed to the State Financial Awards Chair.**

Christine Luehring  
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Pleasant Hill, OR 97455-9650  
cluehring@gmail.com