

Delta Kappa Gamma Alpha Eta Chapter Scholarship Opportunity

Delta Kappa Gamma is an international honorary organization for women educators. Our local Clark County chapter, Alpha Eta, would like to give at least one \$500.00 scholarship for the 2024-2025 school year. Our scholarships are available for young women in their senior year of high school, and are pursuing a degree in the field of education.

Please pass this information on to any young women that are pursuing a career in education who would be interested. The application and all accompanying materials must be received at the address listed on the application by: **March 14, 2025.**

Delta Kappa Gamma Alpha Eta Chapter

Scholarship Application

Please Print or Type

Name: _____

School: _____

Address: _____

Graduation date: _____

Phone: _____

Email: _____

EXTRACURRICULAR ACTIVITIES

School Activities (List up to three)

Name

Dates

Responsibilities

Community and/or Work (List up to three)

Name

Dates

Responsibilities

REFERENCES

List below the names of the references from whom you requested a recommendation. Recommendations should address the applicant's traits such as character, initiative, and any other qualities that explain why she would be a successful teacher. These recommendations should be placed in sealed envelopes and returned to the applicant.

1. Counselor

Name: _____

2. Teacher (current or former):

Name: _____

3. Personal

Name: _____

IMPACT STATEMENT

This statement will be evaluated on organization and expression of ideas, grammar, and writing skills. Please limit response to no more than two pages, typed and double-spaced, with font size no smaller than 12 point.

Reflect on past and present experiences and influences that have led to your desire to become a teacher.

I certify that the information provided in this application and the content of the Impact Statement is true and complete to the best of my knowledge.

Signature of Applicant

Date

Delta Kappa Gamma Alpha Eta Chapter Scholarship

Counselor's Form

Applicant's Name: _____

Home Address: _____

Please assist the applicant by following the directions below:

Attach a transcript of grades of the first seven semesters of high school. Place in sealed envelope.

List the number of days of school missed this year. _____

List the number of days of school missed in the past two years. _____

List the applicant's results of scholastic aptitude as indicated by standardized test scores:

Test: _____

Score: _____

Test: _____

Score: _____

Student's GPA on a 4-point scale: _____ Class Rank _____ out of _____

What effect will the scholarship have on this applicant becoming a teacher?

What makes you think this applicant will follow through and become a teacher?

Signature of Counselor

Date

CHAPTER SCHOLARSHIP Checklist for Applicant

So that your application can be considered, it is important that you carefully read and comply with all directions for applying for the scholarship. **It is the applicant's responsibility to complete the following items:**

_____ The application, which must be printed or typed, should also include the following:

_____ Impact Statement and Signature page.

_____ References from counselor, current or former teacher, and one other.

_____ Counselor's form along with sealed transcript.

_____ The application and all supporting data and credentials must reach

Diane Cozad
1247 Pheasant Run
Springfield, Ohio 45503

In one packet postmarked no later than March 14, 2025.

_____ Send the appropriate recommendations to your counselor, teacher, and one other.

_____ Request the official sealed academic transcripts for all high school credits including current work, be sent directly to you. **Mail in one packet to Diane Cozad the following:** the completed application, three letters of recommendation, the Counselor's Form, and appropriate sealed transcripts. **Packets should be postmarked no later than March 14, 2025.**

TERMS OF ACCEPTANCE

The committee regards the acceptance of a scholarship by the recipient as agreeing to the following:

___Pursue the course of study as specified in the application.

___Submit to treasurer:

Nancy Rix
2523 Fox Hollow Road
Springfield, Ohio 45502

a copy of a grade report or a transcript at the end of the first semester/quarter.
The award will be paid upon the receipt of a copy of a grade report or transcript of the first semester/quarter work that shows that applicant is in good standing academically.

_____ Inform Diane Cozad of any name/address changes.

Additional information will be given upon notification that the scholarship will be granted. If there are any questions, you may contact me at: Dcozad@woh.rr.com
Or (937) 925-1684.