

# Nebraska State Organization

## The Delta Kappa Gamma Society International *Scholarship Application*

Applications are due by **February 15** of each calendar year.

Completed applications are evaluated as they are received. Availability of funds may limit the amount of some awards. The Scholarship Committee acts as quickly as possible but volume of applications and availability of funds may affect processing time. Scholarship descriptions and requirements may be found in the Nebraska DKG Standing Rules at [nebraskadkg.weebly.com](http://nebraskadkg.weebly.com).

The State Scholarship Chair consults with each recipient to decide appropriate verification depending on degree, certificate program, or activity. The recipient must then provide this verification to the Scholarship Chair in order to receive financial award(s.) This verification must be submitted within a two-year time period after completion or the recipient automatically forfeits the financial award.

Official announcements of scholarship recipients are made at the next Nebraska State Convention, which recipients should attend.

**Doctoral Degree, Certificate of Specialization, Master's Degree, or other Activities and Programs (such as, night classes, summer school, conferences, professional growth and career advancement) Scholarship(s) for which you are applying:**

- a) **Nebraska State Scholarship (SR12.01-12.18)**
- b) **Nebraska State Mini-Scholarships (SR12.2-12.2)**
- c) **Annadora Gregory Scholarship (SR12.4-12.49) d)**
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**Individualized target date/deadline for application;**

- . a) Degree program, apply when accepted (Applications accepted through February 15.)
- . b) Non-degree activities. Apply when accepted or within three (3) months of completion. (Applications are due by February 15.)

**. Checklist of application requirements:**

- . a) Complete this Application Form
- . b) Brief Essay
- . c) Itemized Expense Form
- . d) Service to DKG Chapter & Nebraska State DKG Form
- . e) Future Service to DKG
- . f) Three Recommendation Forms
- . g) Photograph

**I. PERSONAL DATA**

Name: \_\_\_\_\_ DKG Chapter: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Number of Years a Member of Nebraska DKG: \_\_\_\_\_

**II. EDUCATION**

List Institution(s) from which you received your degree(s):

**Name of Institution:** \_\_\_\_\_ **Degree:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**III. PLANS FOR STUDY**

Proposed Place of Study: \_\_\_\_\_

Field of Specialization :

#### **IV. ESSAY**

Brief essay describing objectives toward which studies are directed and information about financial need.

**V. Itemized Expense Form And Service To DKG (use FORM 1)**

**VI. Possible Future Service To DKG (use FORM 2)**

**VII. Three Recommendations (use FORM 3)**

**1) Chapter President or Chapter Scholarship Chair Name:**

Position:

Address:

**2) School or University Professor, Supervisor, or Administrator**

Name:

Position:

Address:

**3) Person well-acquainted with applicant's abilities and contributions** Name:

Position

Address:

(Recommendation Forms are available online, but if the reference does not have access to internet and email, blank forms can be printed, and when completed, can be mailed to the current Nebraska State Scholarship Chair.)

**VIII. PHOTOGRAPH** (Include recent photo with Application that can be used in the Nebraska State Quarterly if you are selected for an award).

**Send completed application, including all forms, to:**

**Laraine Conway, Nebraska State Scholarship Chair  
5011 Chicago St. Omaha, NE 68132**

Any questions:

(cell) 402-216-4105

email: [laraine.conway@gmail.com](mailto:laraine.conway@gmail.com)

Thank you for your application, your service to DKG, and your willingness to further your education.

Sincerely,

Nebraska State Scholarship Committee

Laraine Conway, Chair

**FORM 1: Itemized Expenses Actual**

or anticipated Expenses:

(Be specific about expenses for this degree, course, or activity. Include tuition and fees, books and supplies, lodging, transportation, child care, and other related costs.)

Type of Expense	Cost per Unit (If appropriate)	Number of Units (If appropriate)	Amount

TOTAL





NEBRASKA STATE ORGANIZATION  
THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL

**FORM 3: *Scholarship Applicant***

**Recommendation** Name of Applicant:

Address of Applicant:

**lease mark the item in each category below that best describes the applicant:**

	DO NOT KNOW	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
Natural Ability					
Teaching Skills					
Cooperation					
Social Qualities					
Moral Qualities					

How long have you known the applicant?

If applicant was applying for a position and you had a vacancy, would you grant employment? Please explain:

Please add any other comments:

Position or Title:

Institution by which employed:

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Recommender's Signature:

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Date: