

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
Tau Chapter Scholarship Application

Please print:

Applicant: Name _____
Last First Middle

Address _____
Street City/State/Zip Code

Home phone: _____ Cell Phone (s): _____

High School/City/State _____

Parent(s) or Guardian(s) Names _____

Living with _____

Number of siblings living in home _____ Outside of home _____

College acceptances to date _____

College responses yet to be received _____

GPA/Seven (7) semesters _____

Scores and dates: ACT _____ SAT _____

Intended college MAJOR(S) _____

Intended college MINOR(S) _____

List any special area of concentration (if any) _____

Teaching level choices upon graduation from college:

Primary/Elementary _____ Middle _____

Senior High _____ Comprehensive (all/many levels) _____

Please list Commencement Information:

Day/Date _____ Time _____

Location _____

This application with the required documents must be **RECEIVED** by

Thursday, April 17, 2025

NAME _____
 Last First Middle

1. Identify your career goals. Indicate the factors that have influenced you to seek a career in the field of education.

- Page 2

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
Tau Chapter Scholarship Application

Name _____
Last First Middle

Please complete the areas below. ALL AREAS MUST BE ADDRESSED. Print or type the information. Mark any leadership role in an activity. Use the grade level to indicate the year/time involved. You may use the reverse side if necessary.

HONORS/AWARDS/RECOGNITIONS

(Examples: NHS-11,12 (VP)
Outstanding artist, 9,10)

SCHOOL ACTIVITIES

(Examples: Spanish Club, 10, 11.
Marching Band, 9-12 (Section Leader).

ATHLETIC ACTIVITIES/AWARDS

(Examples: JV Soccer 9-10
Intramural Volleyball, 10, 12 (captain)
Varsity Cheerleader, 11,12

SUMMER PROGRAMS/INTERNSHIPS

(Examples; Cleveland Zoo, Docent-12
Music Settlement Seminar-10, 11}

VOLUNTEER ACTIVITIES

(Example: Teacher Aide-9, 11, 12).

COMMUNITY INVOLVEMENT/ACTIVITY

(Example: Community Food Bank, 11).

HOBBIES/INTERESTS/ACTIVITIES

WORK EXPERIENCE

SOME AREAS YOU WISH TO PURSUE

(Example: Learn to play an instrument)

**MISCELLANEOUS (AREA NOT COVERED
ABOVE)**

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
Tau Chapter Scholarship Application and Check List

Name _____
Last First Middle

List scholarships and financial aid received to date. Include the name of the award, granting school or organization, amount awarded, and if it is a one-time award or a renewable award. Include Federal Grants, etc.

(Examples: PTA Scholarship: Lincoln High School, \$500, one-time award; Cleveland State University Academic Scholarship: \$1500—four-year renewable.)

SCHOLARSHIP APPLICATION PACKET CHECK LIST
PLEASE REVIEW TO CHECK THAT YOU HAVE MET ALL REQUIREMENTS

_____ The deadline for this packet is Thursday, April 17, 2025. Mail at least **THREE DAYS IN ADVANCE TO MEET THE DEADLINE.** Mail to:

Dr. Roberta Leach
2021 King James Parkway, Apt. 106
Westlake, OH 44145

_____ *I have enclosed the four-page application packet.*

_____ I have enclosed the following:	OR _____ My counselor will mail the following to you:
. a seven-semester transcript	. a seven-semester transcript
. a copy of my most recent report card	. a copy of my most recent report card
. a copy of my ACT and/or SAT scores.	. a copy of my ACT and/or SAT scores.

*ACT and/or SAT scores may be listed on your official transcript.

SIGNATURE:

_____ **Date**

PRINT YOUR NAME: _____