



## *Delta Kappa Gamma*

### *Zeta Chapter*

#### ***TO APPLICANT:***

*Attached you will find the application for the Marje Stegeman Scholarship in the amount of \$1,000, to be awarded for the academic year 2023-2024 beginning Summer 2023. This scholarship will be awarded to a female attending college whose PARENT\* works for a school district in Chelan or Douglas County. The parent can be any employee that works with students. Preference will be given to full time employees. The copy of the application can be found on the website for our local chapter at [www.zetachapter.com](http://www.zetachapter.com).*

*Delta Kappa Gamma is an organization which promotes professional and personal growth of women educators and excellence in education. The local group, Zeta Chapter, is offering this scholarship to a student that meets the criteria. Our members are from the local area; therefore, the successful candidate must have graduated in Chelan or Douglas County.*

*We are excited about providing this opportunity to a student seeking higher education whose 'educator' parent has influenced their life. Any questions can be directed via email to [cril@earthlink.net](mailto:cril@earthlink.net)*

\*adult in the household where the student lives  
ie. – step parent/grandparent/guardian/etc.  
Unclear? Contact – [cril@earthlink.net](mailto:cril@earthlink.net)

## ***Marje Stegeman Scholarship For Academic Year 2023-2024***

***Scholarship will be granted to one Student whose parent works for a school district in Chelan or Douglas County***

***Student must be a high school Graduate in Chelan or Douglas County***

***Application presentation is important and must include the following:***

- 1. General Information.***
- 2. Achievement Statement: Include significant activities, leadership and community involvement. In the year of COVID – share what was done or have done- we know it's not a typical year.***
- 3. Parent Connection Statement.: Here's your opportunity to really stand out. Tell us about who you are and educational goals for the future. Tell about your plans to complete your education and what major/career has your interest. Be sure to address commitment to chosen field. Create the portrait of a winner—showing evidence of responsibility, ability to follow through, working as an independent learner, etc.***
- 4. Transcript. Must include most recent high school transcript.***
- 5. Recommendation Forms. Two are required—they must be from a non-family individual.***
- 6. Signed Certification and Release Form.***

# GENERAL INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Colleges Applied/Colleges Accepted: \_\_\_\_\_

Career Interests: \_\_\_\_\_

High School Attended: \_\_\_\_\_

Scholarship/Grant Information:  
Please list scholarships/grants that you have applied for and/or received. List amt. if received.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **ACHIEVEMENTS AND OUTSIDE EXPERIENCES DURING YOUR HIGH SCHOOL YEARS**

NAME: \_\_\_\_\_

*Please share significant activities – including school clubs sports, leadership, honors, or other special achievements, as well as community & family activities. Include if you have worked during the summer months and school year.*

# *Teacher/Educator Connection Statement*

NAME: \_\_\_\_\_

*Tell us about your parent who works for the school district. We feel that teachers have a great influence – but so can others that have contact with students. We are including para educators, bus drivers, counselors, school nurses, lunch ladies, etc.*

Parent name: \_\_\_\_\_ Full/Part Time: \_\_\_\_\_

District Employed/Job Title : \_\_\_\_\_

*How has your parent influenced you in general/as a role model impacted your desire to obtain a college education? Share some conversations. What have you learned from your parent, but other influences in your 13 years of education.*

*Address financial need.*

*You may add an additional page if needed.*

# Recommendation Form

**To the applicant:** Tell the evaluator the focus of this scholarship. Remember the Letters of Recommendation must be from non-family. Assist the evaluator with the return of the Recommendation. Include the Letter of Recommendation with the mailing of your packet - in a sealed envelope is preferred. They can be mailed separately from your packet - but the deadline of April 1, 2023 postmark must be met.

Name: \_\_\_\_\_

**To the Evaluator:** You may use this form or attach a letter to this form.

Evaluator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

How do you rate this applicant on the following criteria? Circle your choice.

|                          |           |      |      |      |         |
|--------------------------|-----------|------|------|------|---------|
| Academic Achievements:   | Excellent | Good | Fair | Poor | Unknown |
| Personal Character:      | Excellent | Good | Fair | Poor | Unknown |
| Leadership Qualities:    | Excellent | Good | Fair | Poor | Unknown |
| Community Service:       | Excellent | Good | Fair | Poor | Unknown |
| Future Educational Plans | Excellent | Good | Fair | Poor | Unknown |
| Overall:                 | Excellent | Good | Fair | Poor | Unknown |

Why would this applicant be a good candidate to receive this scholarship?

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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| Academic Achievements:   | Excellent | Good | Fair | Poor | Unknown |
| Personal Character:      | Excellent | Good | Fair | Poor | Unknown |
| Leadership Qualities:    | Excellent | Good | Fair | Poor | Unknown |
| Community Service:       | Excellent | Good | Fair | Poor | Unknown |
| Future Educational Plans | Excellent | Good | Fair | Poor | Unknown |
| Overall:                 | Excellent | Good | Fair | Poor | Unknown |

Why would this applicant be a good candidate to receive this scholarship?

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ***Certification***

*I certify that the information contained in this application is true, correct and complete to the best of my knowledge and that I understand and will honor the scholarship eligibility requirements. If awarded a scholarship I will provide the address for the Financial Aid office. The scholarship will be mailed to the Financial Aid Office. I understand you or the college/university will advise Delta Kappa Gamma organization if I become ineligible for this scholarship*

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

## ***Release***

*I give permission to Delta Kappa Gamma to verify and/or confirm any information provided in this application to be true. (Transcript & Letters of Recommendation.*

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

***Congratulations! You are finished! We wish you well!***

***Completed Application Must Be Postmarked by April 1, 2023***

### **Mail application to:**

Delta Kappa Gamma

c/o Kriss Crilly

1311 Pershing Street

Wenatchee WA 98801

***If you have questions/need clarification – Please Contact Kriss (cril@earthlink.net)***



