



Delta Kappa Gamma Zeta Chapter

TO APPLICANT:

Attached you will find our application for a scholarship in the amount of \$1,000, to be awarded for the academic year beginning Summer 2021-2022. This application can also be found on the website for our local chapter at 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 who has been admitted into the Education program of their college. 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 the students pursuing teaching as a career.

Any questions can be directed via email to cril@earthlink.net



***Delta Kappa Gamma
Zeta Chapter***

***Ruby Long Recruitment Grant
For Academic Year 2021-22
Beginning Summer 2021***

***College Student
Majoring in Education
Accepted in School of Education***

***Graduated in
Chelan or Douglas County***

Package presentation is important and must include the following:

- 1. General Information (Page 1).***
- 2. Statement of Financial Need (Page 2). It is important to show how you are financing your education.***
- 3. Achievement Statement (Page 3). Include significant activities, leadership achievement, and community involvement. Use statements showing you can be a teacher that makes a difference.***
- 4. Personal Statement (Page 4). Here's your opportunity to really stand out. Tell us about who you are and educational goals for the future. Tell about plans to complete your education and why you chose this career. 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.***
- 5. Transcript. Must include college transcript and proof of acceptance into the Department of Education.***
- 6. Recommendation Forms. Two are required—one from a college instructor and one from a non-family individual.***
- 7. Signed Certification and Release Form (Page 6).***

Statement of Financial Need

NAME: _____

Marital Status: ___ Single ___ Married # of Dependents: _____ Ages of Dependents: _____

Please provide the following financial data:

1. **Estimated Expense for one year:**

Tuition & Fees: \$ _____

Books: \$ _____

Other (explain below) \$ _____

Total Estimated Expense for one year: (1.) \$ _____

2. What is your estimated contribution? (2.) \$ _____

What are the financial circumstances for meeting your education needs; i.e. housing, transportation, support of other family members attending college, day care expenses etc. _____

Please include your work history since graduating from high school. Volunteer and other unpaid experiences should be listed in the next section.

*Achievements and Outside Experiences
During Your College Years*

NAME: _____

Along with listing significant activities including school clubs, sports, etc., and leadership, academic honors or other special achievement. Please mention volunteer and community involvement activities.

Personal Statement

NAME: _____

Tell about your future education plans and why you chose this career. Be sure to address your commitment to the education field in your statement. Please limit your statement to no more than two pages.

Recommendation Form

To the applicant. Help those who write your recommendation letter as much as you can. Tell them about the focus of the scholarship. How can they get the letter to you? Try to include the Letters of Recommendation with your application instead of asking the Evaluator to mail them separately. This helps ensure that your application is complete by the deadline because we cannot process incomplete or late applications. Remember that one letter must be from a college instructor and one from a nonfamily member.

NAME: _____
=====

To the evaluator: You may use this form or attach a letter. Please try to return it to the applicant so their application is complete when it arrives at our address by April 1.

EVALUATOR'S NAME: _____ **PHONE NUMBER** _____

RELATIONSHIP TO APPLICANT: _____

How do you rate this applicant on the following criteria? (circle your choice)

<i>Academic Achievements:</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
<i>Personal Character:</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
<i>Leadership Qualities:</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
<i>Community Service:</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
<i>Future Educational Plans:</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
<i>Overall:</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>

Why do you think this applicant should receive this scholarship?

Evaluator's Signature **(MUST BE INCLUDED)**

Recommendation Form

To the applicant. Help those who write your recommendation letter as much as you can. Tell them about the focus of the scholarship. How can they get the letter to you? Try to include the Letters of Recommendation with your application instead of asking the Evaluator to mail them separately. This helps ensure that your application is complete by the deadline because we cannot process incomplete or late applications. Remember that one letter must be from a school official and one from a nonfamily member.

NAME: _____
=====

To the evaluator: You may use this form or attach a letter. Please try to return it to the applicant so their application is complete when it arrives at our address by April 1.

EVALUATOR'S NAME: _____ **PHONE NUMBER** _____

RELATIONSHIP TO APPLICANT: _____

How do you rate this applicant on the following criteria? (circle your choice)

<i>Academic Achievements:</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
<i>Personal Character:</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
<i>Leadership Qualities:</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
<i>Community Service:</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
<i>Future Educational Plans:</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
<i>Overall:</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>

Why do you think this applicant should receive this scholarship?

Evaluator's Signature (MUST BE INCLUDED)

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, or ask the college/university to provide, a transcript for each quarter/semester I am enrolled. I understand the college/university will advise Delta Kappa Gamma organization if I become ineligible by reason of grades or being placed on disciplinary probation.

(Date)

Signature of applicant **(MUST BE INCLUDED)**

Release

I give permission to Delta Kappa Gamma to verify and/or confirm any information provided in this application, and I authorize release of that information and grades.

(Date)

Signature of applicant **(MUST BE INCLUDED)**

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

***Completed Application Must Be Sent
by April 1, 2021***

***Mail or E-mail to:
Delta Kappa Gamma
c/o Kriss Crilly
1311 Pershing Street
Wenatchee, WA 98801
cril@earthlink.net***

Late or incomplete applications cannot be processed