|  |  |
| --- | --- |
| Name of Candidate |  |
| Chapter Membership |  | Initiation Date |  |
| Address (city, state, zip) |  |
| Teaching Address (city, state, zip) |  |
| Phone Number(s) |  |

Education Beyond High School:

|  |  |  |
| --- | --- | --- |
| Name of School: | Dates Attended: | Degree and Date Received: |
|  |  |  |
|  |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| Major Field(s) |  | Minor Field(s) |  |

List educational positions held. Include teaching, supervisory, and administrative:

|  |  |  |
| --- | --- | --- |
| Name of School System | Type of Position | Dates |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Statement of proposed plan of study:

|  |  |
| --- | --- |
| Institution |  |
| Academic year or summer session |  |

How will the proposed study aid you in the field of education?

List ways in which you have displayed leadership skills in The Delta Kappa Gamma Society International (at the chapter, state, and/or international levels).

List offices you have held or presently hold in other organizations (educational, civic, church, etc.).

List any honors or scholarships you have received and any writings which you have had published.

List any other financial aid which you anticipate receiving.

Please give any other facts or specific conditions which you would like to have considered by the scholarship committee.

If I am the recipient of the Delta Kappa Gamma Wyoming State Scholarship, I give permission for my picture to be published on the DKG website, newsletter and in the newspaper.

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Candidate’s Signature Date of Application

Please submit three (3) letters of recommendation with your application. If submitting by U.S. mail, please send four (4) complete sets of this application and the letters of recommendation.

|  |  |  |
| --- | --- | --- |
| Mail to: **Dr. Irene Story****505 Star Valley Drive****Cheyenne, WY 82009-8553**Cell: 307.214.1867Home: 307.634.8346 | OR | **Send all information via email to Dr. Story:** **doc7uwyo@gmail.com** |