

APPLICATION FOR THE ALPHA LAMBDA CHAPTER

DELTA KAPPA GAMMA SCHOLARSHIP

NAME:

HOME ADDRESS:

HOME TELEPHONE:

WORK TELEPHONE:

EMAIL:

TITLE/PRESENT POSITION:

INSTITUTION (S) OF LEARNING WHERE ADVANCED DEGREE OR CONTINUING EDUCATION IS TO BE COMPLETED :

YEARS OF MEMBERSHIP IN DELTA KAPPA GAMMA:

OFFICES HELD, COMMITTEE WORK IN ALPHA LAMBDA CHAPTER:

PROVIDE EXAMPLES OF ACTIVE PARTICIPATION AND LEADERSHIP IN ALPHA LAMBDA.

CURRENT CERTIFICATIONS:

PROFESSIONAL ORGANIZATIONS:

DEGREES EARNED AND INSTITUTIONS OF LEARNING ATTENDED:

PROFESSIONAL RECOGNITIONS , AWARDS, AND GRANTS RECEIVED:

PARTICIPATION IN AND AWARDS AND HONORS RECEIVED FOR CIVIC, LOCAL, STATE, OR OTHER ORGANIZATIONS:

COMMUNITY SERVICE:

FUTURE PLANS AND GOALS IN EDUCATION:

LIST REIMBURSEMENTS FROM OTHER SOURCES:

WILL RENEWAL BE REQUESTED NEXT YEAR?

HAVE YOU PREVIOUSLY RECEIVED AN ALPHA LAMBDA SCHOLARSHIP?

PLEASE INCLUDE YOUR STATEMENT OF NEED FOR FINANCIAL ASSISTANCE (TUITION, REGISTRATION, AND OTHER FEES):

PLEASE SIGN THE FOLLOWING AND RETURN TO THE CHAIRPERSON OF THE SCHOLARSHIP COMMITTEE BY NOVEMBER 22, 2009.

WITHIN SIX MONTHS OF RECEIPT OF A SCHOLARSHIP, I WILL SUBMIT TO THE SCHOLARSHIP CHAIRPERSON, DOCUMENTATION OF MY EXPENDITURES AND A BRIEF SYNOPSIS AND EVALUATION OF MY WORK TOWARD A DEGREE. WITHIN THAT SIX MONTHS' TIME FRAME I WILL SHARE MY ACCOMPLISHMENTS AT A CHAPTER MEETING AND IN AN ARTICLE WRITTEN FOR THE CHAPTER NEWSLETTER

SIGNATURE OF APPLICANT :

DATE: