

The Delta Kappa Gamma Society International Scholarship

Please provide all information and return this completed form to your counselor no later than Friday , February 26, 2021

Your School _____ Today's Date: _____

1. Legal Name in Full: _____
2. Permanent Home Address: _____
3. Date of Birth: _____ Telephone# _____
4. Parent's / Guardian's
Name: _____ Occupation: _____
Name: _____ Occupation: _____
5. Applicant's GPA: _____ **Include a copy of the most complete Transcript.!**
6. Please include letters of recommendation from at least two people who know you well.
7. List four references:
Name: _____ Occupation: _____
Telephone# _____ Address: _____

Name: _____ Occupation: _____
Telephone# _____ Address: _____

Name: _____ Occupation: _____
Telephone# _____ Address: _____

Name: _____ Occupation: _____
Telephone# _____ Address: _____
8. Please attach an activity sheet to include any activities you have participated in during the last four years. (Publications, music, drama, athletics, church, volunteering, etc.)
9. Please list offices you have held and honors or awards you have received during your High school years. Include accomplishments both in and out of school.
10. Disregarding financial need, in your own handwriting, summarize your experiences that qualifies you for this award on the next page. Please limit it to 300 words.

