## Lambda State Scholarship Committee Scholarship Award Checklist

Scholarship application forms are available on the Lambda State website at www.deltakappagamma.org/IL/. Click on the Forms tab, click on "Scholarship Award Regulations" and download the format of your choice. Start early to complete the application form. Write your personal essay and request your three references (one from DKG officer, one from university administrator and one from person in professional setting) (Please ask before holiday break.)

Application must include:  1. Award criteria info	ormation			
2. Applicant informa	tion pages			
3. Participation in DI	KG at local, state and internati	onal levels		
5. Recommendation	s: a) DKG b) University c) pr	ofessional colleague		
6. Personal essay ir	ncluding info about your projec	t		
7. Tentative program	n / List of coursework			
All of the above materials must be sent electronically in one packet to Lambda State Scholarship Committee Chair by <b>January 9, 2016</b> . <b>Only</b> use WORD or pdf format attachments.  Ursula Sihocky  Lambda State Scholarship Chair  usihocky21@comcast.net				
Please read the statements	below and check each statem	nent on the line provided.		
in Decatur April 15-1 I plan to return to the in the DKG Society for If selected I grant pe	ouraged to register and attended 7 to receive the scholarship ave e educational profession and to ollowing my period of study. rmission that my name and/or aster (Lambda State magazing	ward. continue active participation photo may be used in publicity		
I hereby submit for consideration this application for a Scholarship Award no later than January 9, 2016				
Signature of applicant	Name printed	Date		



## Scholarship Award Criteria -2016

#### **Criteria for Lambda State Scholarships:**

- 1. Prior to the application deadline, an applicant for a Special Study Stipend shall have completed three (3) years of membership in Lambda State for the scholarship for full time study and three (3) years membership in Lambda State for all other scholarships.
- 2. The applicant is responsible for electronically submitting one application packet including information pages, personal essay, three recommendation forms, and a copy of tentative program or list of coursework no later than **January 9**, **2016** to Lambda State Scholarship Chair.
- 3. The scholarships shall be used at an accredited college or university for study after the convention at which they were awarded: 1) to pursue a planned program for graduate study leading to a degree or certificate or 2) to further educational growth.
- 4. Scholarships shall be used within two (2) years of the date of the award.
- 5. The amount of the scholarship shall be paid upon presentation to the chair of the Scholarship Committee of the recipient's verification of enrollment at the college or university of her choice.
- 6. Lambda State Committee chooses recipients implementing the following criteria:
  - a. Local Society participation (25 points) includes leadership and attendance
  - b. State and International participation (10 points)
  - c. Personal Essay (30 points) includes purpose, summary of topic studied and future implementation
  - d. Recommendations (15 points) one DKG chapter president/immediate past president, one university administrator and one professional colleague
  - e. School Involvement (20 points)

#### Terms and Conditions of the Scholarship Award

- 1. All applicants will be notified by **February 15** as to the status of their selection. Applicants selected will be required to notify the State Scholarship Chair in writing of their acceptance of the award by **March 1**.
- 2. When an applicant accepts a scholarship, she is agreeing to the following:
  - a. to remain an active member of the Delta Kappa Gamma Society International
  - b. to share information at a Delta Kappa Gamma function
  - c. to pursue the course of study as described in the application
  - d. to notify the Lambda State Scholarship chair of any major changes in the course of study
  - e. to indicate willingness to return to the education profession following her period of study
- 3. Recipients are encouraged to attend the Lambda State Convention to receive their award

For additional information or inquiries please contact:

Ursula Sihocky, Lambda State Scholarship Chair usihocky21@comcast.net home phone (630)980-1462



Page 1			
Date			
Name			
AddressStreet	City	State	Zip
Preferred Phone			
Email address			
Initiating Chapter Name	Pre	sent Chapter	
Tota	al number of year	s in chapter(s)	
Present position in education			
Number of years in education			
Are you a past recipient? Yes No What years?			
Total amount of award(s) received?			
Name of employer (if applicable)			
Address		Phone	
Name of contact to confirm above information			
I am applying for the following scholarship(s). (Check all that apply)			
(Amount \$1,500) Emilie U. Lepthien - for one year of graduate study in school administration after 2016 State Convention.			
(Amount \$1,500) For a minimum graduate work during the acader			•

Scholarship money will be awarded **after verification of registration** for coursework **taken after the spring convention in which the scholarship is awarded.** 

**Note:** In addition, the Scholarship Committee may award a \$100 Emma Reinhardt Scholarship to an applicant especially active in Delta Kappa Gamma.

Page 2			
Education List all colleges and univers	sities attended with	the most recent first.	
University/College	Location	Year(s) attended	Degree Earned
Professional Work Exper List the last three education		ith the most recent fir	rst.
Name of Institution/City, State		Title/Position	Years
1.			
2.			
3.			
Involvement in School and/or District (e.g. Committees, projects, activities, events) include dates			
Membership in organizat Delta Kappa Gamma Soc	· •		

Other (e.g. Honors, awards, publications, research)

# Participation in Delta Kappa Gamma (to be filled out by applicant)

A.	Chapter level: list offices held and years; list committees chaired and dates; list committees served on and dates
B.	State level: list offices held, committees chaired or served on and dates; list attendance at Lambda State conventions, orientation meetings, Creative Arts Retreats, Taming Technology, Leadership Management, or other seminars, State-to-State visits and years attended.
C.	International level: list committees chaired or served on; list attendance at Regional and/or International meetings (list year if known and/or city or cities if known, ex. 2008 Chicago - Hospitality Committee member.)

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**Scholarship Recommendation Form** (to be filled out by DKG chapter president or immediate past president)

Applicant's name					
Cł	napter Officer name		Chapter Name &	Number	
Cł	napter Officer Address	City	State	Zip	
Cł	napter Officer Preferred Phone N	Number			
1.	For how long and in what capa	city have you know	n the applicant?		
2.	Please indicate chapter meeting that apply)  Chapter Officer Company Company Chapter presentation of the Company Chapter presentation of t	omm <del>itteç</del> Chair _	Committee Mer	mber	
3.	Please indicate chanter meeting.  Always Frequer  **Please give detail(s)	ntly Seldor	m** Neve		
4.	Please comment on the application character and/or personal relation the profession?	ant's professional s	kills, leadership ab		
5.	Additional Comments (if neces	sary please use an	other sheet)		
	Signature	Print Name		Date	

Scholarship Recommendati Department Chair, or Supe	on form (to be filled out Unive ervisor)	rsity Administrator,
Applicant's name		
Professional Reference Name		
School Address		
Preferred phone number		
1. For how long and in what ca	apacity have you known the ap	plicant?
Please indicate using concredemonstrate how the application	ete examples activities you havent int has contributed to the educate	
Please indicate how attendar the applicant's knowledge. (A has completed if known.)	nce at your institution or advandalso please indicate any course	
4. Additional Comments (if nec	essary please use another she	eet)
Signature	Print name	Date
Position	Name of Institution	on

Scholarship Recommendation in professional setting)	n Form (to be filled out by per	rson who knows applicant
Applicant's name		
Professional Reference Name		
School Address		
Preferred phone number		
1. For how long and in what ca	pacity have you known the ap	oplicant?
Please indicate using concret demonstrate how the applicar	•	
3. Please indicate how attendand or similar activity will enhance t applicant attended if known.)	•	
4. Additional Comments (if nece	essary please use another she	eet)
Signature	Print name	Date
Position	Name of Institution	on

#### **Personal Essay**

The essay should include the purpose and plan of study with all pertinent information as outlined below. Your essay will be judged on organization and expression of ideas, grammar and writing skills. Please include the following:

- a. An abstract of proposal or general statement of area of intended study
- b. Anticipated benefit of proposed graduate or undergraduate work and impact of study on applicant's personal and professional life. Also indicate how you will share knowledge gained with Delta Kappa Gamma members at the state and/or chapter levels.
- c. How applicant plans to use the scholarship.
- d. Limit essay to two pages double spaced. Please use Arial 12 font.

Educational Plan					
University /College	Location	Degree sought	Major field		
Please mark all that apply:					
Student at large	Admitted to a degre	e program Date ad	mitted		
Total hours neede	ed to complete degree				
Anticipated cost	of remaining courses				
Tentative Program					
List only courses to be taken during the two years after the state convention at which the scholarship is awarded.					
Course Title	Qtr/Sem hours	Cost	Dates of attendance		

I have completed all the information requested and have to the best of my ability filled out all the required forms and do certify that I will complete the coursework as outlined above.

Signature Print name Date

Please forward the complete packet to the Lambda State Scholarship Chair no later than <u>January 9, 2016</u>. If the packet is incomplete your application may be disqualified. Be sure to contact persons for recommendations so that your application is sent in a timely manner.

Ursula Sihocky, Lambda State Scholarship Committee Chair <u>usihocky21@comcast.net</u> home phone (630)980-1462