

DEADLINE: Postmarked by 6/1 or
12/31 of any given year

**The Delta Kappa Gamma Society International
Chi State Scholarship Committee**

CONTINUING EDUCATION AWARD APPLICATION

Continuing education may be defined as classes, workshops, seminars, conferences, or professional development training. Applicant must have been a member of Delta Kappa Gamma in good standing for two years.

Personal Information

Name _____ Date _____

Address _____

City _____ Zip _____ Email _____

Home Phone (____) _____ Work Phone (____) _____

Present Professional Position _____

Delta Kappa Gamma Information

Chapter _____ Area _____

Initiation Date _____

Offices/Committees/Positions (Chapter/Area/State/International)

Conventions/Conferences/Study Sessions (Level: Area/State/Regional/International)

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Other Organizations

Name of Organizations

Offices/Committees/Positions

Project Information

Project Name _____

Description or Literature/Brochures

Estimated Cost Breakdown

Statement of why you want to attend and how it would benefit you and Delta Kappa Gamma

Request that your Chapter President, or Immediate Past President, complete the Continuing Education Recommendation Form. She should seal it in an envelope and write her signature across the seal. Enclose the Recommendation Form with your application.

Send completed application and Recommendation Form by June 1 or December 31 of any given year to the Chi State Scholarship Committee Chairman.

Jeanne Gahagan
Scholarship Chairman
25120 Alta Vista Drive
Moreno Valley, CA 92557
jeanneread@aol.com

Before the reimbursement process can begin, verification of attendance at workshop/training/class and other receipts must be submitted to the Scholarship Committee Chairman.

June 2013

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**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
Chi State Scholarships Committee**

CONTINUING EDUCATION RECOMMENDATION FORM

Date: _____

NAME OF APPLICANT _____

1. How long have you known the applicant? _____

2. How do you view the applicant in terms of commitment and service to the Society?

3. Additional Comments

Are you the current _____ or previous _____ Chapter President? (Check one)

Signature _____

Name _____

Address _____

City _____ Zip _____

Chapter _____ Area _____

Seal recommendation in an envelope and write your signature across the seal.
Return to applicant to be included with her application.