

Sigma Chapter, Alpha Epsilon State (Indiana)  
The Delta Kappa Gamma Society International  
**Grant-in-Aid Guidelines**

One grant-in-aid of **\$500 (five hundred dollars)** will be offered each biennium in unevenly numbered years. The decision of the committee and vote of the chapter shall be final.

**Minimum Requirements for Applicant:**

Be a current resident of Lake County, Indiana

Be pursuing an educational degree at an approved teacher training institution in Lake County, Indiana

Be a currently enrolled college female of at junior- or senior-year level

Meet reasonable standards for general health, personality, and scholarship

Show promise of commitment to the field of education

Display willingness to put forth her best effort, though she need not be academically superior

Have a personal interview with at least one member of the scholarship committee

**Directions for Application:**

Complete the application form

Include a complete copy of transcript of college credits

Request reference letters from:

Someone in the field of education from the college she attends

Someone who knows her commitment to the field of education

**Send all the above information to:**

**DKG Grant-in-Aid Committee**

**8748 Woodward Avenue**

**Highland, Indiana 46322**

APPLICATION DEADLINE IS APRIL 30, 2009

Direct all questions to Kathy Arbuckle 219.923.7505

The Delta Kappa Gamma Society International is an honorary society for women teachers.

**Grant-in-Aid Application Form**  
**Sigma Chapter, Alpha Epsilon State (Indiana)**  
**The Delta Kappa Gamma Society International**

Name: \_\_\_\_\_

Academic Year: \_\_\_\_\_

Major Field: \_\_\_\_\_

College Attending: \_\_\_\_\_

**Personal Information:**

Permanent Address: \_\_\_\_\_

Present Address: \_\_\_\_\_

Current Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

**Education:**

High School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

College: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Please describe any recognition for achievement that you have received, such as scholarships, special honors, community services, church, etc.

Please describe any facts or special conditions you would like to have considered by the committee.

\_\_\_\_\_  
*(Signature of Applicant)*

\_\_\_\_\_  
*(Date of Application)*