

SCHOLARSHIP APPLICATION 2019
DELTA KAPPA GAMMA ALPHA ZETA CHAPTER

NAME: _____

DATE OF BIRTH: _____ **HIGH SCHOOL:** _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

PARENT(S)/GUARDIAN(S): _____

PARENT E-MAIL: _____

COLLEGE ATTENDING AND INTENDED AREA OF CONCENTRATION IN THE FIELD OF EDUCATION (IF UNDECIDED, INDICATE TOP CHOICE APPLICATIONS):

ENCLOSE AN UP TO DATE OFFICIAL TRANSCRIPT FROM THE GUIDANCE OFFICE.

ENCLOSE THREE (3) LETTERS OF REFERENCE (ONE MUST BE FROM YOUR GUIDANCE COUNSELOR).

PLEASE LEGIBLY PRINT IN BLACK/BLUE INK YOUR RESPONSES TO THE FOLLOWING QUESTIONS, OR YOU MAY ATTACH ONE TO TWO DOUBLE SPACED TYPED PAGES.

MAIL COMPLETED APPLICATION BY APRIL 2, 2019 TO:

MRS. LINDA GREENBLATT, DELTA KAPPA GAMMA, 74 ROKEBY ROAD, RED HOOK, NY 12571

3. WORK EXPERIENCE: (PLEASE LIST AND DESCRIBE, NOTING LEADERSHIP RESPONSIBILITIES, IF ANY):

4. IN WHAT PHASE OF TEACHING ARE YOU PARTICULARLY INTERESTED IN AND WHY?

5. WHAT SPECIAL INTERESTS AND TALENTS DO YOU HAVE WHICH YOU FEEL YOU ARE PARTICULARLY SUITED IN HELPING YOU TO BECOME A TEACHER?

6. ALSO INCLUDE ANYTHING ELSE THAT YOU FEEL PERTINENT TO THIS SCHOLARSHIP APPLICATION THAT WOULD SET YOU APART FROM OTHERS.
