

**Alpha Upsilon Chapter
Delta Kappa Gamma Society
SCHOLARSHIP APPLICATION (Active member for minimum of 2 yrs.)**

Mission Statement: The Beebe Nuetzman Endowment Fund shall promote and support women educators in their professional and personal growth.

I. PERSONAL INFORMATION

A. Name _____

B. Address _____

City _____ State _____ Zip _____ E-mail _____

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

C. Present Professional Position _____

D. Requested Amount \$ _____

II. EDUCATIONAL PLANS AND OBJECTIVES

A. Degree/Credential/Advanced Studies _____

B. Accredited University/College (WASC or equivalent)/Organization

Name _____

Address _____

City _____ State _____ Zip _____

C. Specific field of graduate study _____

D. Thesis/Dissertation Title (if known) _____

E. Include a short (one page or less) paper with your application that explains how a scholarship and subsequent degree would contribute to your profession and to Delta Kappa Gamma.

F. Time Line of Progress:

Date accepted into degree program/advanced studies program _____

Date of anticipated completion of degree/advanced studies program _____
Month Year

B. Initiation Date _____

C. Offices/Chairmanships (attach additional sheets as needed)

<u>Position/Committees</u>	<u>Level: Chapter/Area/State/International</u>
_____	_____
_____	_____
_____	_____

III. EDUCATIONAL BACKGROUND Send transcript from school issuing latest degree.

A.	<u>Degrees</u>	<u>University/College</u>	<u>State</u>	<u>Year</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

B.	<u>Credentials</u>	<u>University/College/State</u>
	_____	_____
	_____	_____
	_____	_____

C. Other _____

IV. PROFESSIONAL EXPERIENCES

A.	<u>Positions</u>	<u>District</u>	<u>Subject/Area/Grade Level</u>	<u>Date</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

B.	<u>Publications: Title</u>	<u>Subject</u>	<u>Publisher</u>	<u>Date</u>
	_____	_____	_____	_____
	_____	_____	_____	_____

V. SERVICE TO PROFESSION AND COMMUNITY

A. Professional Organization: Name Office/Position Date

B. Community Service: Description Location Date

If desired, submit other information to be considered by the committee.

VI. HONORS AND AWARDS: (Educational, Community, Scholarships, etc.)

Honors and Awards Source Date

ALPHA UPSILON CHAPTER
THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL

Letter of Recommendation for an Alpha Upsilon Scholarship

Applicant's message to person making the recommendation:

Please provide the following information to the Alpha Upsilon Scholarship Committee as soon as possible but no later than _____. A stamped, addressed envelope is enclosed for your convenience. I truly appreciate your willingness to participate and help in my application for this financial grant. All information you provide will be confidential.

Instructions for person making the recommendation:

Please write the recommendation on your official letterhead and place in the envelope provided by the applicant. Seal the envelope, and sign your name across the seal. Return the sealed envelope to the applicant as soon as possible to enable her to mail it with her application postmarked no later than _____. The applicant will be disqualified if the deadline is not met.

Date: _____ Signature of Applicant: _____

Dear Reference Provider:

Thank you for taking the time to help a student. It will greatly assist those on the Scholarship Committee if you address the following questions in your letter of recommendation on professional letterhead.

1. How long and in what capacity have you known this student?
2. How do you view the applicant in areas of attitude, character, and congeniality?
3. How do you perceive her academic aptitude and likelihood of success in the field of education?
4. Any additional comments that would help the Committee evaluate this person?

The Beebe Nuetzman Endowment Fund
Scholarship Committee
Alpha Upsilon Chapter
The Delta Kappa Gamma Society International

ALPHA UPSILON SCHOLARSHIP APPLICATION CHECKLIST

A. APPLICATION

- _____ 1. One copy of typed Application Form
- _____ 2. One copy of verification of acceptance and enrollment from the university or college/program where study is being pursued
- _____ 3. The Professional Letter of Recommendation
- _____ 4. Postmarked on or before _____

B. LETTER OF RECOMMENDATION

List name, address and telephone number:

- _____ 1. Professional Referent

I certify that the information provided in this application is correct and that I am forwarding the complete form.

Scholarship Chairman

_____ Date

_____ Signature of Applicant