



INTERNATIONAL SOCIETY FOR KEY WOMEN EDUCATORS
DELTA KAPPA GAMMA™

Announcing a Grant-In-Aid

for a graduating high school female
Etowah County resident

to a college / university of her choosing
in an EDUCATION related field

Request an application from the
Guidance Counselor

Only applicants will be considered who have provided
the following by April 17, 2023:

- Completed application
- Official copy of transcript through December 2022
 - Essay (* Item 15 on application)
 - Activity/Award Resume
- Names and contact information of three faculty members for recommendation
- Letters from the faculty members mentioned above
- Signature of Counselor/Administrator on application

It is the policy of Delta Kappa Gamma that no person shall, on the grounds of race, color, disability, religion, creed, or age, be excluded from participation in, be denied the benefit of, or be subjected to discrimination in consideration of this scholarship.



Grant-In-Aid Application (For a female Etowah County high school senior planning to enroll in and upon graduation, teach in a Pre-K through 12th grade program)

Deadline: April 17, 2023

I. Personal Information:

1. Name: _____
(Last) (First) (Middle)
2. Address: _____
(Street) (City) (State) (Zip)
3. Date of Birth: ___/___/___ 4. Phone: () _____ 5. E-Mail: _____
6. Are you a citizen of the United States? Yes: _____ No: _____
7. Race (Optional): African American: ___ Hispanic : ___ Native American: ___ White: ___ Other: ___

II. School Information:

8. Proposed Major: _____
9. Do you plan to be enrolled full-time in college in fall of 2023? Yes: _____ No: _____
10. College/University you plan to enroll: 1st Choice: _____
2nd Choice: _____ 3rd Choice: _____
11. Have you applied? (1st) Yes: ___ No: ___ (2nd) Yes: ___ No: ___ (3rd) Yes: ___ No: ___
12. Have you been accepted? (1st) Yes: ___ No: ___ (2nd) Yes: ___ No: ___ (3rd) Yes: ___ No: ___
13. Class Rank: _____ 14. ACT Score: _____

III. Essay:

15. Please explain why you have chosen education as your career. (attach page):

IV. Activities, Awards, and Recommendations: (Attach page for items 16-23)

16. Please list your high school organizations and activities:
17. Please list your community organizations and activities:
18. Please list honors or awards:
19. Please list other grants and /or scholarships you have applied for:
20. Please list other grants and/or scholarships you have been awarded:
21. Please list any after school / part time jobs:
22. Please list names and contact information of three faculty members who will be contacted as references and will provide letters of recommendation to be attached to this application:
23. Please include parent or guardian name(s) and contact information:

V. Applicant Signature:

24. Please sign the statement below:

I, _____, grant permission to release information from my educational records to the Delta Kappa Gamma Grant-In-Aid Committee. Furthermore, I attest that the information included in this application is true and accurate to the best of my knowledge.

Student Signature

Date

Please return the completed application to the guidance counselor's office by April 17, 2023.

VI. Counselor or Administrator Signature:

25. Please sign and date:

Counselor / Administrator Signature

Date

For questions contact Susan Davidson
ssndvdsn@comcast.net

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