

*Alpha Omicron State Organization of
The Delta Kappa Gamma Society International*

Hazel B. Nielson Scholarship Application Form

I. Personal Data:

Name of Applicant: _____

Current Address: _____

E-mail Address: _____

Telephone: _____

Date of Initiation into Delta Kappa Gamma: _____

Chapter to which you currently belong: _____

List in the space below your participation in DKG (i.e. offices held, committee work, attendance, etc. identifying whether local, state, or international):

List other professional organizations of which you are a member and any offices held:

Number of years teaching experience (including the current year): _____

Present position and name/address of school: _____

II. College Education

List your college education completed:

| <u>Name of Institution</u> | <u>Dates Attended</u> | <u>Major</u> | <u>Degree Received</u> |
|----------------------------|-----------------------|--------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

If applicable, give the title of your master's thesis:

List honors received in college, indicating whether at the undergraduate or graduate level:

III. References

Two letters of reference must be sent directly to the State Scholarship Committee chairman—one from your local chapter president and the other from business/professional person. List their names and addresses below:

| <u>Name:</u> | <u>Position:</u> | <u>Address:</u> |
|--------------|------------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

IV. Future Plans

What college or university will you attend to use this scholarship?

Indicate the advanced degree and field of specialization which you will pursue:

Give a brief statement of your plans for advanced study should you be selected for this scholarship:

Attach another sheet if there are other facts which you desire to have considered. This may include awards, community service, and other pertinent facts.

Applicant's Signature _____ Date: _____

APPLICATION MATERIALS ARE DUE BY FEBRUARY 1 TO THE CHR. OF THE STATE SCHOLARSIP COMMITTEE