



INTERNATIONAL SOCIETY FOR KEY WOMEN EDUCATORS  
**DELTA KAPPA GAMMA™**

**Gamma Epsilon Chapter of Delta Kappa Gamma  
Scholarship Application**

**Personal Information:**

Name:

Address:

Email:

Phone:

High School:

Class Rank: \_\_\_\_\_ out of \_\_\_\_\_

College you plan on attending:

**Extra-Curricular Activities, Community Service, Employment: (please list)**

**Special Honors and Offices Held: (please list)**



**Please state briefly why you want to enter the field of education and why you are deserving of this scholarship:**

**Please list 3 references with their letters of recommendations:**

- 1.
- 2.
- 3.

Feel free to use the back of this form for additional space.

**Please submit the application, transcripts, and letters of recommendation to your school's guidance office by March 31, 2025. The scholarship recipient will be notified by April 28<sup>th</sup>. One scholarship award of \$600 will be presented at the Chapter's dinner on May 14<sup>th</sup> to which the winner and guest will be invited.**