The Delta Kappa Gamma Society International
Road Scholar Application

Return application postmarked three weeks prior to the program to ....

Phyllis Sinclair
426 Poplar Ave
Las Animas, CO 81054-1038
(719) 456-1685 wandpsinclair@centurytel.net

Please type.

1. Name _____Phone _____

2. Address _____Zip+4 _____

Email_____

3. Delta Kappa Gamma ID number: _____ Chapter _____

Date of initiation into Delta Kappa Gamma _____

4. Positions held in Delta Kappa Gamma. Please give position, dates served, and if held at chapter, state, or international level.

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

5. Please indicate the program you wish to attend. Include the institution and dates of attendance and how attending this program will benefit you and Delta Kappa Gamma.

6. Please ask three persons who know of your contribution to our Society, our profession, and your community to send a letter of recommendation directly to the Scholarship Chairman whose address is listed at the top of the page.

7. I certify that the above is correct and that I have been an active member of Delta Kappa Gamma for the past two years.
Signature of the applicant _____

8. Chapter of president's signature _____

9. Award recipients will be required to provide: a copy of registration/verification of the chosen program, a report of her experience to her chapter, and a written evaluation of the program she attended to the State Scholarship Chairman.