Revised October 2020

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| **DELTA KAPPA GAMMA SOCIETY INTERNATIONAL****HAWAII STATE ORGANIZATION****JOSEPHINE E. DAY PERPETUAL SCHOLARSHIP FUND** **2021 APPLICATION REQUIREMENTS***Deadline: January 31, 2021* |

The Josephine E. Day Perpetual Scholarship of $1000 will be awarded for the 2021-2022 academic year.

The Josephine E. Day Perpetual Scholarship Fund is supported by gifts from individuals and chapters.  It provides stipends to active members who desire **to pursue National Board Certification.** The criteria for selection include:

1. Professional Experience
2. Community Service
3. Commitment to Education as a Profession (Professional Goals)
4. Hawaii State Organization of Delta Kappa Gamma Society International Membership
5. Financial Need (Financial need will not receive major emphasis)

Requests may be submitted for up to $1000.

An electronic application is available by request to Ronnie Kopp via shoeronnie@gmail.com or Ann Mahi via annmahi1@gmail.com.

The application must be postmarked on or before **January 31, 2021**. Applications postmarked after **January 31, 2021** will not be considered.

Mail the application to:

Hawaii State Organization of the Delta Kappa Gamma Society International Scholarship Committee

c/o Ronnie Kopp

952 Koloa St.

Honolulu, Hawaiʻi 96816

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| **JOSEPHINE E. DAY PERPETUAL SCHOLARSHIP FUND** **2021 APPLICATION** |

**Directions**

1. Applications should be printed or written legibly.

2. Applications must include a separate page or separate pages in response to Project/Professional Development Plan statement section.

3. Mail all documents to the address provided on the information page of this application. All applications must be postmarked on or before **January 31, 2021**.

**Applicant Information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle Initial

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hawai’i\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip Code

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed at (School Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Content Area (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Delta Kappa Gamma Society International Membership Information**

Chapter Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Applicant’s Initiation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List offices you have held and responsibilities you have had (begin with the most recent).

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| DKG Offices Held and Responsibilities Accepted | Dates |
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Have you previously received a Beta Beta State Scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_\_

If yes, which scholarship did you receive? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In which year did you receive the scholarship? \_\_\_\_\_\_\_\_\_\_\_

*Please complete all pages of this application and attach additional pages*.**Professional Experience, Community Involvement, and Professional Goals**

On a separate sheet of paper:

1. List your professional learning/teaching experiences, beginning with the most recent.
2. Briefly describe your contributions to your community.
3. Explain how this scholarship will help you in your profession as an educator.

**Other Sources of Financial Aid Available to You**

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**Letters of Recommendation**

Please attach letters to this application. (*Suggestion: One letter from your supervisor confirming your professional experience, community service, and commitment to education and one letter from your chapter president verifying your membership, chapter involvement, and other qualifications for the scholarship.)*

Stipend amount requested (up to $1000): $\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *I have examined this application and certify that all information, including the attached personal statement is complete and accurate.*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_Printed name Signature Date |