

**DELTA KAPPA GAMMA SOCIETY INTERNATIONAL  
HAWAI`I STATE ORGANIZATION  
JOSEPHINE E. DAY PERPETUAL SCHOLARSHIP FUND  
2024 APPLICATION REQUIREMENTS**

*Deadline: **March 15, 2024***

The Josephine E. Day Perpetual Scholarship of \$1000 will be awarded for the **2024-2025** 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 at <https://dkghawaii.org>. This fillable PDF application requires a digital signature. Please download to use Adobe Reader to sign.

The application must be transmitted or postmarked on or before **March 15, 2024**. Applications transmitted or postmarked after **March 15,2024** will not be considered.

Email the completed application to: [sandituitele@gmail.com](mailto:sandituitele@gmail.com)

Or mail the completed application to:

**Hawai`i State Scholarship Committee of DKG Society International  
c/o Sandi Tuitele  
2306 Coyne Street  
Honolulu, Hawai`i 96826-1426**

**JOSEPHINE E. DAY PERPETUAL SCHOLARSHIP FUND  
2024 APPLICATION**

**Directions**

1. Applications should be printed or written legibly.
2. Applications must include a separate page or separate pages in response to the Project/Professional Development Plan statement section.
3. Email or mail all documents to the address provided on the information page of this application.
4. All applications must be transmitted or postmarked on or before [March 15, 2024](#).

**Applicant Information**

Name \_\_\_\_\_  
Last
First
Middle Initial

Street Address \_\_\_\_\_  
City
Hawai'i  
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).

DKG Offices Held and Responsibilities Accepted	Dates

Have you previously received a Hawai'i State DKG 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 or have them emailed. (*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 request (up to \$1000): \$ \_\_\_\_\_

*I have examined this application and certify that all information, including the attached personal statement is complete and accurate.*

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date