



*Alpha Kappa Chapter*

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ I HAVE BEEN ACCEPTED AT THE FOLLOWING

INSTITUTION(S): \_\_\_\_\_

AREA OF SPECIALIZATION (CHECK THOSE THAT APPLY):

ELEMENTARY \_\_\_\_\_ MIDDLE \_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_ OTHER (describe) \_\_\_\_\_

1. PLEASE COMPLETE BOTH PARTS OF THIS APPLICATION AND ATTACH A WRITTEN SUMMARY ABOUT YOURSELF, YOUR CAREER GOALS, AND YOUR COMMITMENT TO FINISH COLLEGE. PLEASE TYPE OR PRINT NEATLY. THERE WILL NOT BE A PERSONAL INTERVIEW. MAIL YOUR APPLICATION AND SUMMARY DIRECTLY TO THE ADDRESS BELOW BY APRIL 17, 2026.

2. GIVE THE ENCLOSED EVALUATION FORMS TO A COUNSELOR AND A TEACHER WHO WOULD RECOMMEND YOU. THE FORMS SHOULD BE MAILED DIRECTLY TO THE DKG SCHOLARSHIP COMMITTEE BY APRIL 17, 2026.

DKG SCHOLARSHIP COMMITTEE  
11984 LAKESHORE DR.  
GRAND HAVEN, MI 49417

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



*Alpha Kappa Chapter*

Applicant's Name \_\_\_\_\_

I participated in the following extra-curricular activities: (clubs, Music, sports, etc.)

I have received the following awards: (academic, athletic, attendance, etc.)

My community service includes: (civic, church, clubs, etc.)

My work experience includes:



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#### HIGH SCHOOL COUNSELOR:

Your student whose name appears on this form has applied for the Delta Kappa Gamma Scholarship awarded to young women seeking a degree in the field of education. The information below is needed for the evaluation process.

Please mail your response by April 17, 2026 to the address below. Do not return the completed evaluation to the student.

DKG Scholarship Committee  
11984 Lakeshore Dr.  
Grand Haven, MI 49417

Applicant's Name: \_\_\_\_\_

#### Evaluation of Applicant

Key	5 - Superior	_____	Scholarship
	4 - Above Average	_____	Character
	3 - Average	_____	Leadership
	2 - Below Average	_____	Service
	1 - Low	_____	Attendance

Applicant's cumulative grade point average \_\_\_\_\_

Applicant's rank in class \_\_\_\_\_ out of \_\_\_\_\_

**A certified transcript is attached.**

Comments:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_



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### HIGH SCHOOL TEACHER:

Your student whose name appears on this form has applied for the Delta Kappa Gamma Scholarship awarded to young women seeking a degree in the field of education. The information below is needed for the evaluation process.

Please mail your response by April 17, 2026 to the address below. Do not return the completed evaluation to the student.

DKG Scholarship Committee  
11984 Lakeshore Dr.  
Grand Haven, MI 49417

Applicant's Name: \_\_\_\_\_

### Evaluation of Applicant

Key	5 - Superior	<input type="checkbox"/>	Scholarship
	4 - Above Average	<input type="checkbox"/>	Character
	3 - Average	<input type="checkbox"/>	Leadership
	2 - Below Average	<input type="checkbox"/>	Service
	1 - Low	<input type="checkbox"/>	Attendance

Comments: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_