



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 _____



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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:

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Applicant's Name: _____

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Comments:

Signature _____ Date _____

Title _____