



THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL

ALPHA ETA CHAPTER

14 Gesner Avenue
South Nyack, NY
10960-4703
January 22, 2019

Dear Guidance Counselors.

The Alpha Eta Chapter of the Delta Kappa Gamma Society International is an honorary group of women educators in Rockland County. Once again, we are offering a \$1000 scholarship this year to one Rockland County female student and ask your assistance in notifying your eligible seniors of this opportunity. We always look forward to meeting another fine young woman when we present her the award certificate and grant-in-aid check at our annual dinner meeting in May.

The requirements for eligibility are very simple. Our scholarship is available to a senior woman who will graduate in June 2019 and plans to enter college by September 2019 in order to pursue a career in education. We require the applicant to have a least a B average, to have demonstrated good conduct, and, of course, to have performed community service. A 500-word essay and two letters of reference are mandatory.

The enclosed double-sided 2019 Scholarship Application can be copied as needed. Only applications and references postmarked on or before **Tuesday, April 16, 2019** will be considered. This is a few days before Spring Break. Results will be announced in early May. Please inform your students that the essay is carefully reviewed first by the scholarship committee and then the accompanying recommendations are considered. We would also appreciate having the student's name at the top of the essay.

To obtain an overview of the Delta Kappa Gamma Society International and its goals, visit our web site at www.dkg.org. If you have any further questions, you may call my cell 845-304-6006 or send an email to babcross@aol.com.

Thank you for your help. We look forward to receiving applications from your students.

Sincerely,

Barbara Cross

Barbara Cross
Scholarship Chair

ALPHA ETA CHAPTER
THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
2019 SCHOLARSHIP APPLICATION



I. PERSONAL INFORMATION

Full Name _____

Address _____
Street City State Zip Code

Telephone Number _____ Date of Application _____

II. EDUCATION INFORMATION

Name of High School _____

Full Name of Guidance Counselor _____

High School Telephone Number _____ Date of Graduation _____

III. EXTRA -CURRICULAR CLUBS AND ACTIVITIES

(List name of each, position, if any, and year or years involved; can use separate sheet)

IV. COMMUNITY SERVICE AND ORGANIZATIONS

(List name of each, position/contribution, and year or years involved; can use separate sheet)

(over)