

Outside Scholarships hosted on the website of The Community Foundation DeKalb County

Submission Instructions:

- Complete the included application from the organization
 - Be sure to include all required forms as listed
 - Include a copy of your transcript
- Save your application and all required forms as one document, naming the file as follows:
 - Last Name_First Name_Scholarship Name
 - Ask your school Guidance Office for assistance if you need to print the documents first and then scan them to create one individual file.
- Submit your completed application to Program@CFDeKalb.org by **January 31st**
 - The subject of your email should include the scholarship name
 - Make sure you attach the file containing your application and required documents

The Community Foundation hosts this application on their website and collects the applications on behalf of our partner organization. The Foundation and its staff are not involved in the selection process. Questions regarding scholarship policies should be directed to the individual organization sponsoring this scholarship.

Delta Kappa Gamma Society Scholarship

About the Donor

This scholarship is awarded by the Gamma Lambda Chapter of the Delta Kappa Gamma Society International.

Eligibility Criteria

This scholarship is a one-time award of \$500 to a female graduating senior from **DeKalb High School, Eastside High School, Garrett High School, or Lakewood Park Christian High School**, (DeKalb County, Indiana) pursuing education.

Applicant must also:

- Be a resident of DeKalb County, Indiana
- Be a good student of high moral character

Required Forms

- Scholarship Cover Page
- Completed Application
- Essay
- One (1) Letter of Recommendation from a teacher
- One (1) Letter of Recommendation from a non-relative

Deadline to Apply

Deadline is January 31st. Please submit your application and required documents to Program@CFDeKalb.org.

Delta Kappa Gamma Society Scholarship

Cover Page

Last Name _____ First Name _____ M.I. _____

High School _____

All information provided is kept confidential to protect your privacy.

Release of Records/Disclosure Agreement

I grant permission for the high school guidance office to release a copy of my transcript to the individual or group responsible for awarding this scholarship.

I certify that all information given in every part of this application is true. I understand that falsification of information may result in termination of any scholarship awarded.

Student signature

Parent/guardian signature

Date

Date

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle: _____
Permanent Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Date of Birth: _____
E-mail Address: _____ (mm/dd/yyyy)
High School: _____ Graduation Year _____
DeKalb County, Indiana Resident: _____ Gender: _____

FAMILY INFORMATION

Name of father, stepfather or guardian: _____
Address: _____
City: _____ State: _____ Zip: _____
Occupation: _____ Employer: _____
Name of mother, stepmother or guardian: _____
Address: _____
City: _____ State: _____ Zip: _____
Occupation: _____ Employer: _____
Ages of other children in your family: _____ # of family members in college: _____

COLLEGE INFORMATION

Year in college (upcoming academic year): _____
College or University attending: _____
City and State of School: _____ Full-time Part-time
Major field of study: _____
If part-time, # of credit hrs per sem.

CAREER GOALS

Write a brief statement describing your career goals in the space below

ESSAY

Last Name _____ First Name _____

Write your essay in the space provided below. The margins, font and font size are set and should not be changed.

Write an essay describing your academic choice, including career goals and expectations, background in this area, and what has influenced your decision to seek a higher education.

Delta Kappa Gamma Society Scholarship

Letter of Recommendation Form

Applicant Information

Complete the section below on the computer before submitting to your selected individual. Choose whether you want the letter to be returned to you or someone else, such as a guidance counselor, by checking the appropriate box.

Last Name: _____ First Name: _____ Middle: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Recommendation Requested From: _____ Phone: _____

Relationship to you (ie: coach, counselor): _____

Return to: Applicant _____ By Date: _____

The above named student is applying for a scholarship and is requesting a letter of recommendation from you. This reference of personal character provides the scholarship committee with a more in-depth perspective of the applicant. Please take a few minutes to truly reflect on the applicant and include any information you feel would be beneficial to know.

If you are unable to complete this letter by the deadline, please notify the applicant so that he/she may secure another reference.

When providing a letter of recommendation:

1. Please type your letter on a separate sheet of paper and attach this form.
2. Please incorporate the following topics in your letter:
 - Compare this student to others you have known.
 - Describe the qualities and characteristics you feel set this student apart from others.
 - Describe any special circumstances you feel are relevant.