



Mu Chapter, Saline County High School Grant-in-Aid Award Application

The requirements for the Mu Chapter Grant-in-Aid Award (in the amount of five hundred dollars)(to be awarded to a student in an accredited Saline County High School) are as follows:

- I. To be eligible, the applicant must:
 - a. Be female
 - b. Be a graduating senior
 - c. Have exhibited an aptitude and desire for teaching.

- II. The following data must reach the committee member (name and address shown below) by Friday, February 28, 2020
 - a. Data to be sent by the applicant:
 - i. Application form
 - ii. Seven semester transcript
 - b. Two letters of recommendation shall be submitted with the application form including:
 - i. One high school instructor
 - ii. One active Delta Kappa Gamma member **or** person of your preference

- III. Every item of the data described above must be submitted before the deadline in order for the application to be considered. No application will be returned. A recent photograph will be required of the selected recipient for publication purposes. All or portions of the application may be submitted electronically to the address below.

- IV. The selection for this award will be made by Mu chapter,(Kappa State), Delta Kappa Gamma Society International.
The selection will be made prior to May 1, 2020

- V. Mail information to: Marsha Billingsley
123 Silver Springs Drive
Benton, AR 72015
Email: mickey_marsha@hotmail.com

Deadline: To Mrs. Gunter no later than Friday, April 10, 2020

Mu Chapter Grant-In-Aid Application Form

(Information may be entered by clicking into the text boxes below using Microsoft Word)

Full Name:

Street Address:

City: State: AR, Zip Code:

Age of Applicant: Current High School:

Phone # of Applicant:

Name of Parent/Legal Guardian:

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Special interests of Applicant (such as music, art, sports, child care, etc.)

Reasons for choosing teaching as a profession (explain in detail) (may attach an additional page.

Recommendations:

Please provide the following data on individuals writing letters of recommendation. Please note that one recommendation must be a high school instructor and the other may be an active member of Delta Kappa Gamma (Please include chapter name) or another person of your preference.

Name	Position/Relationship to Applicant	DKG Chapter
1.	<input type="text"/>	
2.	<input type="text"/>	

Additional letters may be submitted if desired. All letters need to be submitted at the same time as the application form to the name and address shown previously before. (If recommendation letters and application are submitted electronically they may be sent to the email provided by different persons but must arrive by February 28, 2020.

Optional Information:

Additional personal information relevant to this award:

Signature of the Applicant :

Date of Application:

(Note: If form is sent electronically typed name is accepted as signature)