

DELTA KAPPA GAMMA GRANT APPLICATION

Must be postmarked by April 10

Send to Gayle Berryhill, 100 Pioneer Drive, Newton, IA 50208

1. Name _____ Birth date _____
Last First Middle

2. Address _____

3. Parents' Names _____

4. Parents' Address(es) if different than above _____

5. Name of School Now Attending _____

For # 6 ,7 and 10, use another sheet of paper if needed

6. Extracurricular School Activities (Ex. Band--9,10,11,12, Tennis - 11,12)

7. Other Activities (Church, Community, etc. Be specific.)

8. Field of Study in College (elementary or secondary) _____

9. Current Cumulative Grade Point _____ ACT or SAT score _____

List any advanced courses taken _____

10. Honors Received _____

11. College Selected _____

12. References (Best references are non-family adults who know you well, such as classroom teachers, counselors, coaches, supervisors for work, church or volunteer activities). List Names, Positions and contact information)

1. _____

2. _____

3. _____

13. Are there any special circumstances that indicate a financial need in your family?

14. On a separate paper, please attach a paragraph explaining your educational goals. What do you consider your strengths to be as a future teacher? How will these strengths impact your students?