

ALPHA ETA CHAPTER  
of the  
DELTA KAPPA GAMMA SOCIETY INTERNATIONAL  
NORMA SWYSGOOD MEMORIAL STUDENT SCHOLARSHIP

**Mission Statement**

The Delta Kappa Gamma Society International promotes professional and personal growth of women educators and excellence in education.

**A BRIEF HISTORY**

The Delta Kappa Gamma Society International was formed on May 11, 1929. DKG "...arose from the feelings in the minds of its founders of the need for an organization of ...women teachers of all types and all lines of work. ...The founders were strongly of the opinion that an organized body of women teachers selected from among the best in the profession united by bonds of friendship and by the force of common purposes—for the betterment of women teachers and the improvement of schools generally—would have an opportunity for rendering real service to education."

-Dr. Annie Webb Blanton, Founder. *The Delta Kappa Gamma Bulletin*,  
Volume III, Number 1, November 1936:50

**Chapter Scholarship Award**

The Delta Kappa Gamma Society International, Alpha Eta Chapter, awards scholarships annually to young women in Clark County, Ohio going into the field of education, to enhance fulfillment of its fifth purpose. "to endow scholarships to aid outstanding women educators in pursuing an education degree." Awards are made for the period beginning July 1st of each year through June 30th of the following year.

**Terms and conditions**

1. *Candidate(s) will be notified of the decision of the Chapter Scholarship Committee by April 16th. A successful candidate must inform the committee in writing of her acceptance or rejection of the award by April 30th.*
2. *The committee regards the acceptance of a scholarship by the recipient as agreeing to pursue the course of study as specified in her application.*

**Payment to Recipients**

The award will be given after the successful completion of the first term of schooling upon receipt of a transcript or grade report. Be sure to include the school name and address, student ID number, and date fees are due. This info should be submitted to Treasurer Nancy Rix, 2523 Fox Hollow Road, Springfield, OH 45502.

**Application Submission**

Please mail your completed application to the Scholarship Committee Chairperson: Miss Kathy Richison, 701 East Home Road, Springfield, Ohio 45503. It must be postmarked by March 23, 2020. If you have any questions about the completion of this application, feel free to contact the Scholarship Chairperson at richisonkj@scsdoh.org.

# Delta Kappa Gamma Alpha Eta Chapter Scholarship Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of your father/guardian \_\_\_\_\_

Place of employment \_\_\_\_\_

Highest education grade level attained \_\_\_\_\_

Name of your mother \_\_\_\_\_

Place of employment \_\_\_\_\_

Highest education grade level attained \_\_\_\_\_

Parents' marital status \_\_\_\_\_

How many brothers and sisters do you have? \_\_\_\_\_ Ages? \_\_\_\_\_

How many of your brothers and sisters still live at home? \_\_\_\_\_

How many of them are enrolled in college? \_\_\_\_\_

How do your parents/guardians feel about you furthering your education? (Circle one)

Greatly interested - Mildly interested - Uncommitted - Somewhat negative - Very negative

College(s) to which you have applied \_\_\_\_\_

Have you been accepted to any of them? If yes which ones \_\_\_\_\_

Intended educational field of study \_\_\_\_\_

**School Activities:** List the three activities in which you have participated that have been the most fulfilling.

Activity	When (month/year to month/year)	Special Honors
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____

**Community Services:** List up to three activities in which you have participated, including volunteer projects (outside school requirements).

Organization	When (month/year to month/year)	Activity
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____

**Work:** List your last two paid work experiences.

Employer	When (month/year to month/year)	Position held
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____

Please provide any additional information about personal or financial circumstances that you think should be considered when reviewing your application.

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**IMPACT STATEMENT:** In 250 to 300 words, write an essay reflecting on those experiences that have led to your desire to become a teacher.

**RECOMMENDATIONS:**

1. a reference from a teacher
2. a reference from a person who is not a relative or a teacher you have had

**COUNSELOR'S FORM:** Includes a high school transcript

I certify that the information on this form is true and complete to the best of my knowledge.

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Signature of Applicant

Date

Is your application complete?

\_\_\_ Application form (2 pages)

\_\_\_ Signature page

\_\_\_ Essay about career

\_\_\_ Teacher reference

\_\_\_ Other reference

\_\_\_ Counselor's form and transcript

# Delta Kappa Gamma Alpha Eta Chapter Scholarship COUNSELOR'S FORM

PLEASE TYPE OR PRINT:

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

PLEASE ASSIST THE APPLICANT BY FOLLOWING THE DIRECTIONS BELOW:

Attach a transcript of grades of the first seven semesters of high school.

List the numbers of days of school missed this year: \_\_\_\_\_

List the number of days of school missed in the past two years: \_\_\_\_\_

List the applicant's results of scholastic aptitude as indicated by standardized test scores:

Test: \_\_\_\_\_ Score \_\_\_\_\_

Test: \_\_\_\_\_ Score \_\_\_\_\_

Student's GPA on a 4 pt scale: \_\_\_\_\_ Class Rank: \_\_\_\_\_ out of \_\_\_\_\_

What effect will the scholarship have on the applicant becoming a teacher?

What makes you think this applicant will follow through and become a teacher?

\_\_\_\_\_  
Signature of Counselor

\_\_\_\_\_  
Date