

DELTA KAPPA GAMMA SCHOLARSHIP APPLICATION

Criteria for Eligibility

1. Candidate must be an elementary education undergraduate ready for student teaching
2. Candidate must be currently enrolled in teacher education at IUS.
3. Candidate **may** demonstrate need for financial aid.
4. Candidate must demonstrate high academic achievement.

Name _____

Address _____
Street City State Zip

1. Total family income: \$ _____ (Adjusted family income from most recent Federal Income Tax forms)
2. G.P.A. _____
3. Briefly explain your academic achievements. (Add pages if necessary)

4. Briefly describe the contributions you hope to make to the field of education. (Add pages if necessary)

5. Briefly explain your financial need for this scholarship. Complete the attached sheet.

You may include any other information that you would like for us to know on the back of this sheet.

Signature: _____ Date _____

Name _____

Address _____
Street City State Zip

YOUR INCOME AND RESOURCES

Estimate cost and resources **for the period during which you are requesting financial aid.** Spring and Fall semesters=4 months/16 weeks.

Semester: _____ From _____ to _____ Year _____

NOTE: MARRIED STUDENTS INCLUDE TOTAL FAMILY BUDGET AND COMBINED SALARIES.

EXPENSES		RESOURCES	
Tuition and fees	\$ _____	From GI benefits	\$ _____
Books and materials	\$ _____	or other government programs	
Food	\$ _____	From grants-in-aid, loans,	\$ _____
Rent/House payment	\$ _____	and scholarships (specify)	
Transportation	\$ _____	From all other	\$ _____
(i.e. gas, bus fare)	\$ _____	sources except salary(ies)	
Personal (clothing, haircuts,	\$ _____	<u>Combined salaries for period in</u>	
laundry, recreation, etc.)		<u>which you are seeking aid</u>	\$ _____
Insurance premiums	\$ _____	Your salary	\$ _____
(during period)		Spouse's salary	\$ _____
Health (dental,	\$ _____		
medical, drugs)			
Child care	\$ _____		
Utilities	\$ _____		
Outstanding loans	\$ _____		
(itemize on separate sheet)			
Other (itemize on	\$ _____		
separate sheet)			
TOTAL EXPENSES	\$ _____	TOTAL RESOURCES	\$ _____
Expected Deficit (Expenses minus Resources).....			\$ _____

Marital Status _____ Number of dependent children living at home _____

TO THE BEST OF MY KNOWLEDGE, ALL OF THE ABOVE INFORMATION IS CORRECT.

Signature Date

DATE DUE: During the week of student teacher interviews (Summative Decision Point Three); awarded during the first student teacher seminar the following semester.
RETURN TO: School of Education Office, Hillside Hall, Room 0020 OR the Drop-off box outside the Education Office. ATTN: Honors and Scholarship Committee