

***Application postmark deadline: Friday, March 23, 2018

**Future Teachers Grant in Aid
Delta Kappa Gamma
Alpha XI Chapter Columbus, Georgia**

APPLICATION POSTMARK DEADLINE: Friday, March 23, 2018

Grant-in-Aid Amount: **\$600.00**

Requirements for Applicants

The recipient must be a female full-time student who is either a high school senior or college/university student.

- 1. The recipient must major in education with the goal of becoming a teacher.**
2. The recipient must be of good character.
3. The recipient must have 2 teacher recommendations.
4. The recipient must have a **grade point of 3.00 or greater** on a 4.0 scale.
5. The recipient must complete an **essay** titled "Why do you want to be a teacher?"
- 6. The completed application form, essay, official transcript, and two teacher recommendations must be postmarked no later than Friday, March 23, 2018**

Mail to the following address:

**Marilyn Brannen
4308 Bridgewater Circle
Phenix City, AL 36867**

**GRANT-IN-AID APPLICATION
DELTA KAPPA GAMMA – ALPHA XI CHAPTER
COLUMBUS, GEORGIA**

Name _____ Date _____

Current School _____

Current Grade Point Average _____ Class Rank _____

Address _____

Email Address _____

Home phone _____ Cell phone _____

School where you will use this grant _____

Major _____

School Activities (include years): _____

Community: _____

Offices held: _____

DELTA KAPPA GAMMA, ALPHA XI CHAPTER GRANT-IN-AID APPLICATION

Please write at least one page, answering the following question:

Why do you want to be a teacher?

Signature of applicant _____ Date _____

DELTA KAPPA GAMMA, ALPHA XI CHAPTER GRANT-IN-AID APPLICATION

Teacher Recommendation #1

Name of applicant _____

Reference name _____

Title _____

Reference address _____

Reference telephone number _____

(Please give this form to a teacher who knows you well. The completed recommendation should be returned with your application.)

Why do you think this applicant will be an outstanding teacher?

Signature of reference _____ Date _____

DELTA KAPPA GAMMA, ALPHA XI CHAPTER GRANT-IN-AID APPLICATION

Teacher Recommendation #2

Name of applicant _____

Reference name _____

Title _____

Reference address _____

Reference telephone number _____

(Please give this form to a teacher who knows you well. The completed recommendation should be returned with your application.)

Why do you think this applicant will be an outstanding teacher?

Signature of reference _____ Date _____