

TEACHER GRANT-IN-AID APPLICATION 2022

**DELTA KAPPA GAMMA**

**ALPHA XI CHAPTER**

**COLUMBUS, GEORGIA**

Submit Application to: Marilyn Brannen  
4308 Bridgewater Circle  
Phenix City, Alabama 36867

**Application Postmark Deadline: Thursday March 31, 2022**

Grant-in-Aid Amount: \$600.00

**Requirements for Applicants**

1. The recipient must be a female full-time student who is either a high school senior or college/university student.
2. The recipient must major in education with the goal of becoming a teacher.
3. The recipient must be of good character.
4. The recipient must have a grade point of 3.0 or greater on a 4.0 scale.
5. **The completed application form, essay, official transcript, and two teacher recommendations must be postmarked no later than March 31, 2022**

6. **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 \_\_\_\_\_