

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
INDIANA STATE ORGANIZATION
ALPHA EPSILON CHAPTER OF STARKE & FULTON COUNTIES

GRANT-IN-AID APPLICATION

Please complete the following:

First Name _____ Middle Name _____ Last Name _____

Home Address _____

Phone Number _____

Date of Birth _____

Parent or Guardian _____

High School Attended _____

Class Rank _____ GPA _____

Name and address of school(s) by which you have been accepted

Area of Education you intend to pursue _____

Describe below all extracurricular and community activities in which you have participated during the past four years. Indicate special awards/honors. Attached additional pages if needed.

PERSONAL ESSAY: State your principal reasons for pursuing/desiring a degree in the field of education. Attach additional pages if needed.