

Delta Kappa Gamma Society International
Beta Rho Chapter
Education Grant Application

Complete this form and return to:

Audrey Manley
17305 Arrowhead Drive
Lockport, IL 60441-7698
amanley@sbcglobal.net

Name: _____

Address: _____

Email address: _____

Date of birth: _____ **Phone:** _____

Parent or Guardian (if applicable): _____

Address (if different): _____

Education

High School attended: _____

Colleges and universities attended:

Name: _____ **Dates attended:** _____

Address: _____

Name: _____ **Dates attended:** _____

Address: _____

Expected date of graduation: _____

1. On an attached sheet, give the area of education you are considering entering and explain why you are interested in this area or specialty.
2. List the activities in which you have participated and give a brief description of your role in school, church, and community.
3. Please have an official transcript sent to Audrey Manley at the address listed above.
4. Please ask one instructor to send a letter of reference to Audrey Manley at the address listed above.
5. Applicants must be enrolled in a four year institution, or provide proof of acceptance.
6. Deadline for this application process: **March 29, 2008**