

February 21, 2016

Dear Counselor:

The Delta Kappa Gamma Society International, Sigma Chapter, is pleased to make available a scholarship in the amount of \$500 to a student who meets the following requirements:

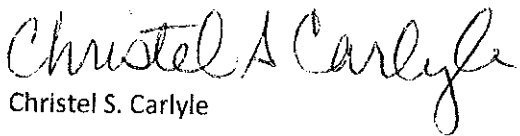
1. Female student aspiring to major in education
2. Lenoir County resident
3. Must maintain a 2.5 Grade Point Average
4. Family members of Sigma Chapter will be given priority

This scholarship may be renewable for four years, depending on fund availability, and provided the recipient continues to meet all requirements and reapplies each year. Applications must be received no later than Tuesday, April 5, 2016.

I will be happy to pick up the applications on Wednesday, April 6 from your guidance office.

If you should need additional information, feel free to contact me.

Sincerely,



Christel S. Carlyle

Scholarship Chairperson

2422 Wallace Family Road

Kinston, NC 28501

252-521-3358

ccarlyle@lenoir.k12.nc.us



# The Delta Kappa Gamma Society International Sigma Chapter

## Scholarship Application

|   |  |                         |      |                            |          |
|---|--|-------------------------|------|----------------------------|----------|
|   |  |                         |      |                            |          |
| Full Name: First  |  | Middle                  | Last | Date of Birth: Mo/Day/Year |          |
|   |  |                         |      |                            |          |
| Mailing Address   |  | Street/Post Office Box  | City | State                      | Zip Code |
|   |  |                         |      |                            |          |
| Home Phone Number   | Cell Phone Number  | Student's Email Address |      | Social Security Number     |          |
|   |  |                         |      |                            |          |
| Parent's Name: First  |  | Middle                  | Last |                            |          |
|   |  |                         |      |                            |          |
| Parent's Address  |  | Street/Post Office Box  | City | State                      | Zip Code |
|   |  |                         |      |                            |          |
| School  | Current Status: High School Senior—College 1-2-3-4—Post Graduate |                         |      | GPA                        |          |
|   |  |                         |      |                            |          |
| Educational Interest: Early Childhood—Middle School—High School—Other |  |                         |      |                            |          |
|   |  |                         |      |                            |          |
| Counselor's or Advisor's Signature                                    |  |                         |      |                            |          |

As briefly as possible, please answer the following questions. You may attach an additional page as necessary.

Why do you want to be an educator?

What is your philosophy of education?

Who or what do you consider to be your most important educational influence?

**PLEASE ATTACH TWO (2) LETTERS OF REFERENCE.  
A RECENT PHOTOGRAPH SHOULD BE CLIPPED TO THE UPPER RIGHT CORNER.**

Your application must be received no later than Tuesday, April 5, 2016. Return application to your guidance counselor.