

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL  
ALPHA PHI STATE – ETA CHAPTER  
SCHOLARSHIP APPLICATION

**PLEASE PRINT OR TYPE ALL INFORMATION ON THE APPLICATION.**

NAME OF APPLICANT: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF INSTITUTION: \_\_\_\_\_

ADDRESS OF INSTITUTION: \_\_\_\_\_

\_\_\_\_\_

DEGREE OR COURSE OF STUDY PURSUED: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

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(DO NOT WRITE BELOW – FOR THE SCHOLARSHIP COMMITTEE)

AMOUNT OF SCHOLARSHIP: \_\_\_\_\_

DATE GRANTED: \_\_\_\_\_