**MN STATE ORGANIZATION OF DKG SOCIETY INTERNATIONAL**

**BIRDELLA M. ROSS SCHOLARSHIP APPLICATION**

PURPOSE OF THE SCHOLARSHIP

The DKG Society promotes women exhibiting excellence in education. The MN State Organization of the DKG Society International will award a $4,000 Birdella M. Ross Scholarship to a member who is pursuing a post-baccalaureate degree or licensure. The scholarship may be for a graduate degree, licensure or for travel credit. It may be awarded annually.

## QUALIFICATIONS

Eligible applicants have belonged to DKG Society International of MN State Organization for at least two years and are pursuing a post-baccalaureate degree or licensure.

## APPLICATION AND SELECTION PROCEDURES

The completed **application form and recommendations** must be submitted to the Birdella M. Ross Scholarship Committee Chair by ***February 15.*** The committee will carefully consider all applications and will notify all applicants of the results. Recipients will be honored in the Convention Program Booklet, the North Star News and on the MN State Organization Website.

The Scholarship money will be paid directly to the applicant at the spring MN State Organization Convention Birthday Luncheon.

**Email to: Toni Chipka, Birdella M. Ross Scholarship Chair at TLC1650dkg@gmail.com**

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Last Name First Name Middle Name**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Home Address**

**3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City State Zip Code**

**4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Telephone Number, Work, Home or Cell E mail address**

**5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name of University Attending**

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

 **DKG Chapter Name Year of Initiation**

**7.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DKG Chapter President** and **Contact Information (Phone and Email Address)**

**8.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Chapter President**’s **Contact Information (Phone and Email Address)**

**9. Experience. List teaching, supervisory and administrative positions you have held. Begin with the most recent.**

**Name of Institution Title or Position Dates**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10. Education (List most recent first).**

**Name/Location of University Major Field Degree Received Date Awarded**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**11. Describe your creative contributions to education, such as any published or unpublished works, curriculum writing, media production, arts, etc. Include any awards or special recognitions you have received. If you have an online piece of work, please provide the link.**

**12. Describe professional membership in DKG and/or other professional organizations. List any professional recognitions. Include any committee and/or leadership experiences.**

**Organization Services Rendered**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**13. Write an essay of no more than 100 words describing your short-term and long-term goals.**

**14. Write a short outline of the proposed program for which you seek a scholarship:**

**15. Projected expenses:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount requested: $\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount requested: $\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount requested: $\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount requested: $\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount requested: $\_\_\_\_\_\_\_\_**

**Total Amount requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**16. To this application, attach a transcript(s) of credits received in U.S. schools.**

**17. Send completed application and transcript via Email to: Toni Chipka at TLC1650@msn.com**

**Statement of Responsibility**

If awarded all or part of the Birdella M. Ross Scholarship, I accept the responsibility to keep the Birdella M. Ross Scholarship Chair informed of my progress toward my stated goals. I understand that I will receive the amount of my request not to exceed $4000.00 in total. I understand that unused funds will be returned to the MN State Organization Treasurer. I understand that the scholarship funds may not be used for the purpose of reimbursement for coursework completed prior to the date of application, as well as courses completed before the Scholarship is awarded in May.

I shall submit to the Birdella M. Ross Scholarship Chair an official record of work completed before I may request additional funds not to exceed $4000.00 in total. I shall provide a report to DKG representative(s) by September 1, 2024. If I am awarded the scholarship and am unable to accept, I will notify the Birdella M. Ross Scholarship Chair.

I submit this application willing to fulfill all its requirements, if awarded a scholarship. All of the above is true to the best of my ability or knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Applicant Date**

This form is due on or before ***February 15, 2024.***

**The Seven Purposes** of The Delta Kappa Gamma Society International, Key Women Educators are:

1. to unite women educators of the world in a genuine spiritual fellowship;

2. to honor women who have given or who evidence a potential for distinctive service in any field of education;

3. to advance the professional interest and position of women in education;

4. to initiate, endorse and support desirable legislation or other suitable endeavors in the interests of education and of women educators;

5. to endow scholarships to aid outstanding women educators in pursuing graduate study and to grant fellowships to non-member women educators;

6. to stimulate the personal and professional growth of members, and to encourage their participation in appropriate programs of action;

7. to inform the members of current economic, social, political, and educational issues so that they may participate effectively in a world society.

**Evaluation of Birdella M. Ross Application - To be Completed by the Scholarship Committee**

**Experience**

|  |  |  |
| --- | --- | --- |
| 1 pt | 2 pts | 3 pts |
| Multiple years of service | Multiple years of service and active participation on organizational committees. | Multiple years of service and leadership roles on organizational committees. |

Strengths:

Limitations:

**Education/Transcripts**

|  |  |  |
| --- | --- | --- |
| 1 pt | 2 pts | 3 pts |
| GPA of 3.0. | GPA of 3.0 and above, and/or additional majors. | Graduated with honors. |

Strengths:

Limitations:

**Creative Contributions**

|  |  |  |
| --- | --- | --- |
| 1 pt.  | 2 pts  | 3 pts  |
| Creative or technical writing, or participation in professional development, or creative arts. | Published creative or technical writing, and/or leadership role in professional development and/or creative arts. | Published creative or technical writing, leadership role in professional development and creative arts. |

Strengths:

Limitations:

**Professional Recognition in DKG and additional organizations/areas**

|  |  |  |
| --- | --- | --- |
| 1 pt | 2 pts | 3 pts |
| Contributions to education. | Leadership roles in education. | Leadership roles in education and DKG. |

Strengths:

Limitations:

**Goals**

|  |  |  |
| --- | --- | --- |
| 1 pt | 2 pts | 3 pts |
| Advance to a higher degree. | Advance to a higher degree with ties to the Seven Purposes. | Advance to a higher degree, with ties to the Seven Purposes, and with my future contributions to DKG. |

Strengths:

Limitations:

**2-MONTH REPORT OF PROGRESS**

**Submit to Birdella M. Ross Scholarship Chair: Toni Chipka** TLC1650dkg@gmail.com

 Date of this report:

 Progress made every 2 months:

**ADDITIONAL FUNDS REQUEST**

 **If requesting additional funds, submit to Birdella M. Ross Scholarship Chair:**

**Toni Chipka** TLC1650dkg@gmail.com

 Date of this report:

 Progress made and reason(s) for additional funds requested (scholarship not to exceed $4000 total):

 Additional Funds requested and expected expenses:

**Expense\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount requested: $\_\_\_\_\_\_\_\_**

**Expense\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount requested: $\_\_\_\_\_\_\_\_**

**Expense\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount requested: $\_\_\_\_\_\_\_\_**

**Expense\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount requested: $\_\_\_\_\_\_\_\_**

**Expense\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount requested: $\_\_\_\_\_\_\_\_**

**Total Amount requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FINAL REPORT OF PROGRESS**

**After attaining goal(s), a final report must be made to one or more members of MN State Organization of DKG Society International:**

 Person/group to whom was this report made:

 Date of this report:

 Information shared: