



MINNESOTA STATE EDUCATION GRANT

NATURE AND PURPOSE OF THE EDUCATION GRANT

The Minnesota State Organization of the Delta Kappa Gamma Society International will award a \$1000 Education Grant to a woman who is enrolled in an accredited institution of higher education, is a junior majoring in the field of education, and planning on entering the teaching profession. The DKG Society promotes women and excellence in education.

QUALIFICATIONS

The applicant must be a woman in her junior year of college pursuing a degree in education, or a female college graduate with a degree in a field other than education working on her teaching licensure. **The applicant must have one remaining year of school.** Ideally the applicant will be recommended by a Minnesota State member, but it is not absolutely necessary.

APPLICATION AND SELECTION PROCEDURES

The completed application form and recommendations must be submitted to the MN Education Grant Chair by **January 15, 2023**. The committee will carefully consider all applicants and award the Grant on odd years at the Minnesota State Spring Convention. All applicants will be notified of the results.

The Grant money will be paid the next fall directly to the college or university attended by the applicant.

APPLICATION FOR MINNESOTA STATE EDUCATION GRANT

Mail to: Nancy Welken
12800 58th Ave N
Plymouth, MN 55442-1435
Email: njwelken@gmail.com

PRINT IN INK OR TYPE

1. _____
Last Name First Name Middle Name Telephone Number
2. _____
Home Address City State Zip Code
3. _____
School Address City State Zip Code
4. _____
E mail address
5. _____
Name of College or University Attending
6. _____
Address of College/University Bursar's Office **(Check will be sent there)**
7. _____
Major Field(s) of Study Minor Field(s) of Study

REQUIREMENTS FOR THE EDUCATION GRANT

8. _____ Yes, I am currently a college/university junior.
9. _____ Yes, I have been admitted to the School of Education.
10. _____ Yes, I have attached to this application or requested a copy of my complete transcript to be sent to the committee chair.
11. _____ Yes, I have been nominated by a member of a Tau State Chapter.

_____ Member's Name

_____ Chapter's Name

12. _____ If not nominated by a Minnesota State member, go to our state website:

www.dkgmn.weebly.com

Make certain it is the Minnesota (TAU State) site, and answer the following questions.

1. Who is the current State President? _____

2. What is the mission of Delta Kappa Gamma? _____

13. List the Honors or Awards and Extra-Curricular Activities held in High School and College and/or list previous degree if working on teaching licensure.

14. List your employment record since high school.

Place of Employment	Type of Work	Dates of Employment	Approximate Weekly Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. List your educational experiences as a result of course work in your college classes.

16. Outline your educational plans for the coming year.

17. Please comment on your commitment to education, why you have chosen the teaching profession and the significance of education in today's world.

18. ***Two*** completed recommendation forms must be submitted. They must be filled out by College Department Heads, College Professors, Classroom Teaching Supervisors, or Student Teaching Supervisors. They must be mailed ***directly or emailed*** to the committee chair to preserve confidentiality. You should provide them with the recommendation form.

Recommendation forms will be sent from:

Name

Email Address

1. _____
2. _____

19. _____
Signature of Applicant Date

Use an attached sheet if necessary for more information on any of the questions.

MN STATE DELTA KAPPA GAMMA EDUCATION GRANT
(International Society of Key Women Educators)

RECOMMENDATION FORM

Applicant's Last Name

First Name

PERSONALITY CHARACTERISTICS AND RECOMMENDATIONS: (To be completed by College Department Heads, College Professors, Classroom Teaching Supervisors, or Student Teaching Supervisor.) This completed form must be mailed or emailed directly to the committee chair:

Nancy Welken
Email

12800 58th Ave N
njwelken@gmail.com

Plymouth, MN 55442-1435

This form is due on or before **January 15, 2023.**

1. Rate the personal characteristics of the applicant by circling the appropriate word. This information will be treated in a confidential and professional manner.

COOPERATION	SATISFACTORY	ABOVE AVERAGE	OUTSTANDING
RELIABILITY	SATISFACTORY	ABOVE AVERAGE	OUTSTANDING
LEADERSHIP	SATISFACTORY	ABOVE AVERAGE	OUTSTANDING
INITIATIVE	SATISFACTORY	ABOVE AVERAGE	OUTSTANDING

2. What qualities do you feel this candidate has that will make her an outstanding teacher?

Date

Signature

Title