THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL INDIANA STATE ORGANIZATION

ALPHA SIGMA CHAPTER OF STARKE COUNTY

GRANT-IN-AID APPLICATION (due postmarked no later than February 29, 2024)

lease complete the following:		
First Name	Middle Name	Last Name
Home Address		
Phone Number		
Date of Birth		
Parent or Guardian		
High School Attended		
	Class Bank	

ame and address of school(s) by which you have been accepted		
rea of education	you intend to pursue	
escribe below a	Il extracurricular and community activities in which you have participated	
uring the past for ocuments.	our years. Indicate special awards/honors. Applicants may attach typed	
	our years. Indicate special awards/honors. Applicants may attach typed	
	our years. Indicate special awards/honors. Applicants may attach typed	
	our years. Indicate special awards/honors. Applicants may attach typed	
	our years. Indicate special awards/honors. Applicants may attach typed	
	our years. Indicate special awards/honors. Applicants may attach typed	
	our years. Indicate special awards/honors. Applicants may attach typed	
	our years. Indicate special awards/honors. Applicants may attach typed	
	our years. Indicate special awards/honors. Applicants may attach typed	
	our years. Indicate special awards/honors. Applicants may attach typed	
	our years. Indicate special awards/honors. Applicants may attach typed	

PERSONAL ESSAY: State your principal reasons for pursuing/desiring a degree in the field of education. Applicants may attach typed documents.			