

**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)**

Please complete the following:

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name

\_\_\_\_\_

Home Address

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

Phone Number

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Parent or Guardian

\_\_\_\_\_

High School Attended

\_\_\_\_\_

Class Rank \_\_\_\_\_

GPA \_\_\_\_\_



