Delta Kappa Gamma Society International

Zeta Zeta chapter

Tuition Grant

(Amount will be based on need and resources of the Zeta Zeta Chapter)

Qualifications:

* Students in the field of education, including any teacher working to further his/her degrees or credentials
* Be a resident of Contra Costa County
* High G.P.A.
* Financial need
* Must demonstrate evidence of enrollment – criteria

12 units if not teaching or working;

8 units if working, but not teaching

6 units if teaching during the year the grant is provided

* Grants are awarded on the basis of academic achievement, community service, leadership and extent of financial need without regard to race, religion, gender, or age
* Applicants who have previously received a Zeta Zeta tuition Grant may apply a second time

Deadline:

* Applications must be mailed and received by the Scholarship Committee by May 15 of the current year. The committee will notify all applicants whether or not they are awarded a grant before august of the current year.
* Grants are sent to the Financial Aid Office of the university where the student is enrolled after the Scholarship Committee receives official notice of enrollment. The notice must indicate the program in which the recipient is enrolled and the number of units carried
* Applications must be typed or written legibly in ink. Incomplete applications will be rejected
* For further information or to send applications:
* DKG-Zeta Zeta Committee Chair. **Joe Anne Doyle**

**30 Harmony Ct, Danville, CA 94526 925. 837-5406**

**DKG Zeta Zeta Tuition Grant Application**

(For college students planning on teaching)

The application packet must be mailed to DKG Zeta Zeta Tuition Grant Application

Joeanne Doyle

30 Harmony Ct

and consists of: Danville, CA 94526

1. Official transcripts from all post-secondary institutions
2. Official copy of current class schedule
3. A typed statement up to 300 words covering your career goals, community service, school experiences, financial need and any other important information
4. Two letters of recommendation, one from a faculty member (an administrator or supervisor) and one from a community member. The letters should be from a non-relative of the applicant. Recommendation letters should be sent directly to the Scholarship Committee Chairman.
5. Packets must be received by May 15.

**Personal Information**

Name

(Last) (First) (Middle)

Permanent Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Number) (Street) (Apt. No.)

(City) (County) (Zip)

(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Telephone) (E-mail address) (Last 4 digits of SocSec #)

Marital Status: Single\_\_\_\_ Married\_\_\_\_ Divorced\_\_\_\_ Separated\_\_\_\_

Dependent children: Yes\_\_\_ No\_\_\_\_\_ If ‘yes’, how many\_\_\_\_\_Ages\_\_\_

Names of addresses of parents or guardian (if applicable)

Excluding yourself, how many dependents do your parents have?\_\_\_\_\_\_\_\_\_ Ages\_\_\_\_\_\_\_\_\_

Of these dependents, how many are in college at least half-time?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Financial Information**

Estimated

Income last year this year

1. Your annual gross income

Or

If living with parents, their combined gross income \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

If married, you and spouse’s combined gross income \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Expenses

1. Tuition and Fees \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_
2. Books and materials \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_
3. Living expenses (include rent/mortgage, food,

Transportation, insurance, medical, auto, other \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

1. Miscellaneous \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Total \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

Any comments related to expenses and income\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Additional comments** (if desired)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Your signature on this application certifies that this award will help you continue*

*your college work. If you are unable to complete your course work, please notify*

*the committee. Consent is given to the Scholarship Committee to obtain academic*

*financial or other information deemed necessary to fairly award the grant.*

*\_\_\_\_\_\_*Optional: please check here if you authorize publication of your name and institution

as a recipient of this award

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

(Applicant’s signature) (Date)