

**The Delta Kappa Gamma Society International
Phi State Organization, Kansas
Continuing Education Award
Elected and Selected Phi State Officers
Potential Parliamentarians
Guidelines**

The award(s) will be contingent on the money available from the Scholarships Award Fund.

A. Requirements:

- (1) The award shall be used to enhance skills to better serve the Society.
- (2) Applications are approved by the state executive committee and sent to the scholarships committee chairman for review with the scholarships committee.

B. Eligibility:

- (1) Applicants must be elected or appointed Phi State officers or potential parliamentarians.
- (2) The applicant must be a member of The Delta Kappa Gamma Society International for at least one (1) years before applying.
- (3) Regular attendance at chapter meetings and participation in chapter activities are qualifications for receiving the award. A State member would be exempt from the chapter qualification for two (2) years after her chapter dissolved. There will be no deadline so applications will be reviewed on a first-come, first-served basis.
- (4) Application must be signed and dated by the applicant and the state president or other state officer if the applicant is the state president.

C. Include an estimate of the expenses you expect to incur. These should include:

- (1) Registration fee, transportation, etc.
- (2) The Continuing Education Award will pay up to, but not exceed \$300 upon the submission of receipts of payment.

D. After attending the Continuing Education course, please submit a short summary to the Scholarships Committee Chairman.

E. Please address application materials to:

Glenna Hackerott
Phi State President
P.O. Box 389.
Russell, KS 67665-0389
785-483-6492
ghackerott@ruraltel.net

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Application Form

Name _____
(First) (Middle/Maiden) (Last)

Address _____
(Street and Number) (City) (State) (Zip)

Phone no.: _____ E-Mail: _____

Delta Kappa Gamma Chapter _____ Initiation _____
(Month/Year)

Phi State office _____

Have you ever been a recipient of a Phi State Continuing Education Award? ___ Yes ___ No

If yes, when _____

Proposed place of study _____ Course _____

Bachelor's degree, date and institution _____

Advanced degrees or credits earned _____

Services to Delta Kappa Gamma: _____

(Use another sheet or the back of this sheet for additional services to the Society).

**Number of chapter meetings scheduled each year _____ Number of meetings
applicant attended during each of the previous two (2) years _____**

State President's signature _____ Date _____

Applicant's signature _____ Date _____

Following the use of your award, please send the State Scholarship chairman an account of how the award was used and the benefit you derived from it—short summary.