

ALPHA ETA CHAPTER
THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
2025 PAULINE LEVIN MEMORIAL SCHOLARSHIP APPLICATION



I. PERSONAL INFORMATION

Full Name _____

Address _____
Street City State Zip Code

Telephone Number _____ Email _____

II. EDUCATION INFORMATION

Name of High School _____ Date of Graduation _____

Full Name of Guidance Counselor _____

III. EXTRA -CURRICULAR CLUBS AND ACTIVITIES

(List name of each, position, if any, and year or years involved; can use separate sheet)

IV. COMMUNITY SERVICE AND ORGANIZATIONS

(List name of each, position/contribution, and year or years involved; can use separate sheet)

(over)

V. HONORS

(List any honors or awards received; use separate sheet if necessary)

VI. EDUCATION GOAL

On a separate sheet with your name on top, please submit an essay not exceeding 500 words on the topic,

"WHY I AM CONSIDERING TEACHING AS A CAREER"

NOTE: This essay is considered first before all other qualifications.

VII. REFERENCE

Two letters of reference are required. Please mail it to the address in part VIII.

#1 Name _____ Position _____

Address _____

#2 Name _____ Position _____

Address _____

VIII. MAILING

Date of Application _____

Return the completed application, your essay (please include your name on top) and your letters of reference to:

Ms. Barbara Cross, Scholarship Chair
14 Gesner Avenue
South Nyack, NY 10960-4703

If you have any questions, feel free to email me at babcross@aol.com but please include **DKG scholarship** in the subject line.

THESE MUST BE POSTMARKED NO LATER THAN **FRIDAY, APRIL 25TH 2025**

