



Xi Chapter
Scholarship Application

Please type or print in pen.

Name: _____
Last First Middle Initial

Home Address: _____
Number and Street/PO Box City and Zip Code

Contact Number : _____ Date of Birth: _____ Sex: M or F
(optional)

Please submit the following:

1. A **personal profile** which includes the name of your high school, the university/college you will attend or from which you have received acceptance, school and community organizations/activities in which you have participated, and honors or awards for which you have been recognized.
2. A **personal statement** which reflects your interest in a teaching career.
3. An **official high school/college transcript**. If you have been awarded a Bachelor's degree or higher, you need not submit a transcript, but please complete the following:

University: _____ Degree Earned: _____
Major: _____

4. **Two (2) letters of recommendation**, at least one (1) of which must come from school personnel.
5. Attach this sheet as your cover sheet.

Application and Recommendations must be postmarked or emailed by April 15, 2022.

Mail or email all required information to:

Scholarship Committee
Delta Kappa Gamma Xi Chapter
% Judy Cabanting
P.O. Box 487
Eleele, HI 96705

Email: xi.prez.kauai@gmail.com