

Foundation Use Only: Application # \_\_\_\_\_ Date Received \_\_\_\_\_

**The North Carolina Delta Kappa Gamma Educational Foundation  
Marilyn F Grinwis Gray Scholarship for Degree Programs  
in Music Education or Elementary Education**

These scholarships may be awarded to individuals currently enrolled in Music Education or Elementary Education degree programs at a recognized college or university in North Carolina.

**Directions Checklist:**

- \_\_\_\_ 1. The Application Form must be complete.
- \_\_\_\_ 2. **Type or print in black ink.**
- \_\_\_\_ 3. Applicants may be prospective, active, or retired educators; but they must show how this scholarship will help them meet their goals to benefit students or other educators in a school or other educational setting.
- \_\_\_\_ 4. Include with the proposal (not mailed separately) two (2) letters of recommendation as specified.
- \_\_\_\_ 5. If the activity requires time away from work during the school year, the applicant must include a letter approving that leave from someone in authority in the school system.
- \_\_\_\_ 6. If awarded a scholarship, the recipient must submit a *Self-Evaluation Form* **no later than June 20, 2019.**
- \_\_\_\_ 7. The proposal must be **emailed** to the Grants Committee Chair and **received** no later than **November 20, 2018.** Proposals received AFTER November 20 will not be considered for the spring semester of 2019. Recipients will be announced by **December 5, 2018.**
- \_\_\_\_ 8. Your checking each of these 8 items and your signature on the last page of the Application Form, indicate your acceptance of conditions of the scholarship as specified herein.

**1. PERSONAL DATA:**

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

**2. EDUCATIONAL PLANS (Current or Proposed Enrollment):**

College/University \_\_\_\_\_ Degree/certification sought \_\_\_\_\_ Field of study \_\_\_\_\_

State the semester(s) for which you plan to use this scholarship (e. i., Spring 2019, Summer 2019, School Year of 2019-2020, etc.) \_\_\_\_\_

**3. PROFESSIONAL TRAINING:**

Prior Training: (if you hold degrees or certifications other than the one currently being sought)

<u>College/University</u>	<u>Degree/certification</u>	<u>Date earned</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. **EXPERIENCE:** (If you have teaching experience, list positions held from most recent to earliest.)

Place	Position	Dates of service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. **NARRATIVE:** Attach a concise description of your passion and professional aspirations as an educator in your chosen field of study and how this scholarship will help you attain those goals.

6. **REFERENCES:** List two references with contact information. One must be a faculty advisor or a faculty member who knows your work. Ask your references to give their letters of recommendation to you to send WITH your application packet as part of ONE email submission.

A. Name / title: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

B. Name / title: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

7. **TRANSCRIPT:** Enclose a copy of your college transcript.

8. **SUBMISSION:** Submit all application materials electronically to both the Grants Committee Chair Dot Carter: [dotcarter@embarqmail.com](mailto:dotcarter@embarqmail.com) and to Maxine McCall, Secretary: [djmcm60@gmail.com](mailto:djmcm60@gmail.com).

**NOTE: Submit all materials, including 2 letters of reference, at one time – all in ONE email submission package.**

9. **DEADLINE FOR SUBMISSION.** Application must be **received** no later than **November 20, 2018**. Awards will be made by **December 5, 2018**, in time for spring semester.

10. **NOTE:** Membership in Delta Kappa Gamma is NOT a requirement for receiving this scholarship. All qualified entries are given equal consideration. If you are a member of DKG, however, you may include the name of your chapter: \_\_\_\_\_

11. **YOUR SIGNATURE** indicates acceptance of the conditions of the scholarship as indicated throughout the Application Form and by your responses herein.

\_\_\_\_\_ Date: \_\_\_\_\_