

## Delta Kappa Gamma Zeta Chapter

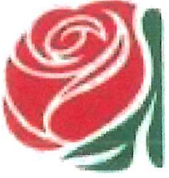
### *TO APPLICANT:*

*Attached you will find the application form for the Marje Stegeman scholarship in the amount of \$1,000, to be awarded for the academic year 2024-2025 beginning Summer 2024. This scholarship is for a female high school senior who has a PARENT\* who works with students and is currently or previously employed by a school district in Chelan or Douglas County. Preference will be given to students of parent/parents who are full time employees.*

*Delta Kappa Gamma is an organization which promotes professional and personal growth of women educators and excellence in education. The local group, Zeta Chapter, is offering this scholarship to a female senior high school student. Our members are from the local area; therefore, the successful candidate must be graduating from a high school in Chelan or Douglas County.*

*We are excited about providing this opportunity to the students pursuing a college education. Further information can be directed via email to [laroei2@nwi.net](mailto:laroei2@nwi.net).*

*PARENT\* = adult in the household where the female student lives, i.e. step parent/grandparent/ guardian etc. Unclear? Contact [laroei2@nwi.net](mailto:laroei2@nwi.net)*



***Delta Kappa Gamma  
Zeta Chapter***

***Marje Stegeman Scholarship  
For Academic Year 2024-2025  
Beginning Summer 2024***

***Female High School Senior***

***Graduating high school in  
Chelan or Douglas County***

***Must have parent who is or has been employed by  
a school district in Chelan or Douglas County***

***Package presentation is important and must include the following:***

- 1. General Information (Page 2).***
- 2. Achievement Statement (Page 3). Include significant activities, leadership achievement, and community involvement.***
- 3. Relative Connection Statement (Page 4). Here's your opportunity to really stand out. Tell us about who you are and educational goals for the future. Tell how your parent influenced your decision to get a college degree. Be sure to address their commitment and yours to the field of education. Feel free to give some examples of their influence.***
- 4. Transcript. Must include high school transcript.***
- 5. Recommendation Forms. Two are required—one from a high school instructor and one from a non-family individual.***
- 6. Signed Certification and Release Form (Page 6).***
- 7. If you have a resume already prepared which includes # 1, 2, 3, please attach.***



*Achievements and Outside Experiences  
During Your High School  
Years*

*NAME:* \_\_\_\_\_

=====

*Please list significant activities, including school clubs, sports, etc, and leadership, academic honors or other special achievement. Mention volunteer and community involvement activities as well as work history while in High School.*

## *Relative Connection Statement*

*Name:* \_\_\_\_\_

*Tell us about your parent who works for or has worked for the school district. We feel that teachers have a great influence, but so can others who have contact with students. We are including para educators, bus drivers, counselors, school nurses, lunch helpers, etc.*

*Parent Name* \_\_\_\_\_

*Full/part Time* \_\_\_\_\_

*District Employed by* \_\_\_\_\_

*Job Title* \_\_\_\_\_

*How has your parent's influence in general or as a role model impacted your desire to obtain a college education? Share some conversations. What have you learned from your parents and other influences in your 13 years of education?*

*Address financial need.*

*Add additional pages as needed.*

## Recommendation Form

*To the applicant. Help those who write your recommendation letter as much as you can. Tell them about the focus of the scholarship. How can they get the letter to you? Try to include the Letters of Recommendation with your application instead of asking the Evaluator to mail them separately. This helps ensure that your application is complete by the deadline because we cannot process incomplete or late applications. Remember that one letter must be from a high school instructor and one from a nonfamily member.*

NAME: \_\_\_\_\_  
 =====

*To the evaluator: You may use this form or attach a letter. Please try to return it to the applicant so their application is complete when it arrives at our address by April 15*

EVALUATOR'S NAME: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

*How do you rate this applicant on the following criteria? (circle your choice)*

|                                  |                  |             |             |             |
|----------------------------------|------------------|-------------|-------------|-------------|
| <i>Academic Achievements:</i>    | <i>Excellent</i> | <i>Good</i> | <i>Fair</i> | <i>Poor</i> |
| <i>Personal Character:</i>       | <i>Excellent</i> | <i>Good</i> | <i>Fair</i> | <i>Poor</i> |
| <i>Leadership Qualities:</i>     | <i>Excellent</i> | <i>Good</i> | <i>Fair</i> | <i>Poor</i> |
| <i>Community Service:</i>        | <i>Excellent</i> | <i>Good</i> | <i>Fair</i> | <i>Poor</i> |
| <i>Future Educational Plans:</i> | <i>Excellent</i> | <i>Good</i> | <i>Fair</i> | <i>Poor</i> |
| <i>Overall:</i>                  | <i>Excellent</i> | <i>Good</i> | <i>Fair</i> | <i>Poor</i> |

*Why do you think this applicant should receive this scholarship?*

\_\_\_\_\_  
 Evaluator's Signature (MUST BE INCLUDED)

## *Certification*

*I certify that the information contained in this application is true, correct and complete to the best of my knowledge and that I understand and will honor the scholarship eligibility requirements. If awarded a scholarship I will provide, or ask the college/ university to provide, a transcript for each quarter/semester I am enrolled. I understand the college/university will advise Delta Kappa Gamma organization if I become ineligible by reason of grades or being placed on disciplinary probation.*

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

\_\_\_\_\_  
Signature of applicant (MUST BE INCLUDED)

## *Release*

*I give permission to Delta Kappa Gamma to verify and/or confirm any information provided in this application, and I authorize release of that information and grades.*

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

\_\_\_\_\_  
Signature of applicant (MUST BE INCLUDED)

*Congratulations! You are finished!  
We wish you well!*

*Completed Application Must Be Postmarked  
or digitally sent by April 15, 2024*

*Mail to:  
Delta Kappa Gamma  
c/o Rosa Eilert  
1421 Copper Loop  
East Wenatchee, Wa  
98802  
[laroei2@nwi.net](mailto:laroei2@nwi.net)*

*Late and incomplete applications cannot be processed*