## 2025 TSO LIFE-LONG LEARNERS SCHOLARSHIP APPLICATION

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL TEXAS STATE ORGANIZATION

Scholarship Year: July 1, 2025, through June 30, 2026

## **IMPORTANT NOTICE**

Review and follow **Guidelines for Life-Long Learners Scholarship.** Applications that are incomplete, have missing items such as letters, or are emailed after March 1, 2025, will **not** be considered. **Proofread application carefully**.

Name and address of institution/organization sponsoring the event/activity and dates of participation:

RSONAL DATA				
Last Name		First Name	Middle Name	Maiden
Street or Box Number			City	Zip
Home Phone	Work Phone	Cell Phone	Eı	mail:
rant or Former Profess	ional Assignment (Giv	e level/area of work/location	n)	
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LTA KAPPA GAM	IMA DATA			
Current Chapter Name		Location	Area	Induction Date (Month/Y
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and Current Involvem	ient in Delta Kappa Gai	mma: Dates of Offices/Com	imitiees/Projects	
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## **SCHOLARSHIPS** List any Delta Kappa Gamma Scholarships Received (Chapter, State, and International) including the year of award. GOALS/PURPOSE/RATIONALE OF STUDY Provide a clear description of the specific goals/purpose of the program, including location and program outline, itinerary, or curriculum. Include the rationale and how the new learning will be connected to or applied to current/future activities. **BUDGET** Identify projected costs by category/type of expenditure and the total amount. Budget should be as specific as possible.

## GOALS FOR FUTURE TSO/DKG INVOLVEMENT

ould be willing to present about my scholarship at an area workshop or s	state convention, if accepted. Yes No
I have read the Scholarship Application Guidelines and the infor	rmation included is true and complete.
GNATURE of Applicant (Type name in place of signature)	DATE