

The Delta Kappa Gamma Society International  
Gamma State  
Beta Beta Chapter  
Workshop Application Form



A maximum amount of \$150 per applicant per year granted.

I. Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Street City Zip

II. Membership in Delta Kappa Gamma  
When, where and chapter initiated: Year \_\_\_\_\_  
Chapter \_\_\_\_\_ State \_\_\_\_\_  
How long have you been an active member of Beta Beta Chapter?  
\_\_\_\_\_

III. Workshop: \_\_\_\_\_  
Location and Date: \_\_\_\_\_  
Benefit to member or Society: \_\_\_\_\_  
\_\_\_\_\_

**\*\*Submit to Beta Beta Scholarship Chair**