

**Delta Kappa Gamma Society International**  
**The Dr. Marian Kurner**  
**Aspiring Young Educator Award**

**PROCEDURES FOR GRANTING AWARD**

1. Eligibility is limited to the Omicron Chapter's representative schools. This includes all public high schools in Washington County, as well as Marietta College and Washington State Community College.
2. Applicants must be a rising senior enrolling in a college with the intent of becoming a specialist in education or a college student already pursuing a career in education.
3. The application includes five (5) separate sections including the introductory letter from me and this letter of procedures.
  1. Form for Student Applicant
  2. Guidance Counselor/Faculty Advisor Form
  3. Instructor Recommendation Form
  4. Introductory letter
  5. Letter of Procedures
4. The student applying for the scholarship should assume responsibility for compiling **ALL** the forms and submitting the application to the award chair postmarked by the deadline. (All the application forms **MUST** be included in order to be considered for the award.)

**Completed applications must be POSTMARKED no later than April 16, 2021.**

**Mail application to: Janet Kidd, Award Chair**  
**P.O. Box 22**  
**Lower Salem, Ohio 45745-0022**

Announcement of the recipient and presentation of the award will occur in May 2021. The recipient will be notified by telephone and given a written notification.

**DELTA KAPPA GAMMA SOCIETY INTERNATIONAL  
DR. MARIAN KURNER ASPIRING YOUNG EDUCATOR AWARD**

**FORM FOR STUDENT APPLICANT**

A. Please tell us about YOU! COUNTY \_\_\_\_\_

1. School District \_\_\_\_\_

2. Name of Student \_\_\_\_\_

3. Name or nickname by which you are called: \_\_\_\_\_

4. Home address and telephone number: \_\_\_\_\_  
Street

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
City & Zip code AC Phone Number

5. Name of High School or College you presently attend:  
\_\_\_\_\_

6. School Address \_\_\_\_\_

7. Birthdate \_\_\_\_\_  
Month Day Year

8. List your hobbies. In my spare time I like to: \_\_\_\_\_  
\_\_\_\_\_

9. I am interested in the following sports: \_\_\_\_\_  
\_\_\_\_\_

10. I play the following musical instruments: \_\_\_\_\_  
\_\_\_\_\_

11. I have other talents, such as: \_\_\_\_\_  
\_\_\_\_\_

12. My main academic interest is: \_\_\_\_\_

**PAGE TWO - STUDENT APPLICATION**

13. What was the last good book you read? \_\_\_\_\_

Why did you like it? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Are you involved in any volunteer work or service organizations? If so, what do you do?

\_\_\_\_\_

\_\_\_\_\_

15. Where do you plan to attend school during the next academic year ?

\_\_\_\_\_

\_\_\_\_\_

B. Please answer the following question in 500 words or less. Judgments will be made on sincerity and uniqueness of thought. Please type or write neatly your response on another sheet and attach to your application. Please be sure to include your name on the essay page.

**THE WORD LIMITATION WILL BE STRICTLY ADHERED TO BY THE SELECTION COMMITTEE.**

**Why do you wish to become an educator?**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**DELTA KAPPA GAMMA SOCIETY INTERNATIONAL  
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**GUIDANCE COUNSELOR OR ACADEMIC ADVISOR FORM**

Delta Kappa Gamma is an educational honorary for women educators. We offer this annual award to support the efforts of students desiring to become educators. Feel free to use the back of the sheet if necessary. Thank you for your assistance.

Student's

Name \_\_\_\_\_

High School or

College \_\_\_\_\_

1. Please give us background information regarding this student's academic abilities, achievements and course load.

2. Please give us background information regarding this student's extracurricular activities and social skills.

3. Please give us the student's overall GPA and class rank (as of the most recent semester, if available).

4. Other Comments:

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Guidance Counselor or Academic Advisor *Print Name*

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**Instructor Recommendation Form**

This award is for a student desiring to become an educator. The student may choose the instructor to whom he/she will give the recommendation form, but the instructor must be among those whose classes he/she attended within the last twelve months.

TO THE INSTRUCTOR: Delta Kappa Gamma is an educational honorary for women educators. We offer this annual award to support the efforts of students desiring to become educators. Please be as honest as possible. Thank you for your assistance.

Student's name \_\_\_\_\_

High School or College \_\_\_\_\_

1. What class or independent study under your supervision has the student taken during the past twelve months?
  
  
  
  
  
  
  
  
  
  
2. In your class or independent study under your supervision, describe the most outstanding features of this student's work.
  
  
  
  
  
  
  
  
  
  
3. What evidence does the student show concerning leadership qualities?

## PAGE TWO - INSTRUCTOR RECOMMENDATION FORM

4. Please estimate the extent to which the student demonstrates the qualities listed below. Circle the appropriate numbers.

Scale:	8-10 superior	6-7 good	4-5 fair	1-3 poor						
a. originality of ideas:	10	9	8	7	6	5	4	3	2	1
b. independence of thoughts:	10	9	8	7	6	5	4	3	2	1
c. intellectual curiosity:	10	9	8	7	6	5	4	3	2	1
d. creativity:	10	9	8	7	6	5	4	3	2	1
e. consistency of effort in studies:	10	9	8	7	6	5	4	3	2	1
f. attitude toward other students:	10	9	8	7	6	5	4	3	2	1
g. attitude toward instructor:	10	9	8	7	6	5	4	3	2	1

5. Can you picture this student as an educator? Describe the student's characteristics in terms of this career.

6. We will appreciate any other comments you think will be helpful to the selection committee members in considering this student's application, including how you would rank this student among others with whom you have worked. Please feel free to use the back of this page for comments.

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Date \_\_\_\_\_ Signature of Instructor \_\_\_\_\_ *Print Name*

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Instructor's Position \_\_\_\_\_ Name of School \_\_\_\_\_