



INTERNATIONAL SOCIETY FOR KEY WOMEN EDUCATORS
DELTA KAPPA GAMMA

**DELTA KAPPA GAMMA
 ALPHA PSI CHAPTER**

BETSY IPOCK RECRUITMENT GRANT APPLICATION 2026

**This grant is for female students or teacher assistants who plan on obtaining a degree in education.
 CHECK ONE: ___high school senior ___community college educ. major ___teacher assistant**

1.	Last Name:	First Name:
2.	Mailing Address: Street: City: State: Zip:	
3.	Phone Number: () Email Address:	
4.	Date of Birth: Month Day Year Gender:	
5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale)	
6.	Name of High School or Community College you will be or are presently attending:	
7.	A. List any academic honors, awards and membership activities while in high school or community college (Use a separate sheet if necessary.) B. List your hobbies, outside interests, extracurricular activities and school-related volunteer activities: (Use a separate sheet if necessary.) C. List your non-school sponsored volunteer activities in the community: (Use a separate sheet if necessary.) D. List your work activities: (Use a separate sheet if necessary.)	
8.	College, University or Community College to be attended (or presently attending):	
9.	Have you been accepted to post high school study yet? _____ Where:	
10.	Field of Study (Must be education to receive grant)	

BETSY IPOCK SCHOLARSHIP*****

--	--

STATEMENT OF ACCURACY FOR APPLICANTS

I hereby affirm that all the information provided by me is true and correct to the best of my knowledge. I also consent, if chosen as a grant recipient, that my picture may be taken and used to promote the **Betsy Ipock Recruitment Grant**.

I hereby understand that if chosen as a grant recipient, it is my responsibility to remit to the **Betsy Ipock Recruitment Grant** committee the appropriate information for my grant to be paid directly to the school for my fall semester 2026 or spring semester 2027.

I hereby understand that I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this grant.

 Applicant Signature

 Date

***Community college students, this application should be signed by the appropriate advisor.**

To be completed by Guidance Counselor:

STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR/ADVISOR

I hereby affirm that this application meets the criteria set forth by this grant program and that I support this application to The Betsy Ipock Recruitment Grant

Name of Guidance Counselor/Advisor submitting the application: _____

High School/Community College: _____

Counselor/Advisor Contact information (email and phone): _____

 Guidance Counselor/Advisor Signature
 Date

Please remit to: Mona Quick, chair of the Betsy Ipock Recruitment Grant Committee
Contact info: monaquick40@gmail.com 252-636-9236
Deadline for receipt of applications: Monday, April 13, 2026

For Grant use only:

Checklist

Application and Statement of Accuracy

Guidance Counselor/Advisor signature