

# Epsilon Psi Scholarship Application

Sign and return by **April 1** to:

Michelle Verdun  
172 Kirkaldy Drive  
Houston, TX 77015-1631

**Amount of Request** \_\_\_\_\_ **(Maximum \$200.00)**

## Personal Data

|                                       |       |        |                |
|---------------------------------------|-------|--------|----------------|
| Name _____                            |       |        |                |
| Last                                  | First | Middle |                |
| Mailing Address _____                 |       |        |                |
| Street or P.O. Box Number             |       | City   | Zip (9 digits) |
| Telephone _____                       |       |        |                |
| Home                                  | Work  | E-mail |                |
| Current Professional Assignment _____ |       |        |                |
| (Give level and area of work)         |       |        |                |

## Delta Kappa Gamma Data

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|--|
| Involvement in Delta Kappa Gamma: Offices/Committees |
|  |
|  |
| Workshops/Conventions Attended:                      |
|  |
|  |
|  |

## Educational Background/Scholarships

|                                 |                              |                |
|---------------------------------|------------------------------|----------------|
| Name & Location of Institutions | Dates of Degree/Certificates | Dates of Study |
| _____                           | _____                        | _____          |
| _____                           | _____                        | _____          |
| _____                           | _____                        | _____          |

## Event/Activity

|   |
|---|
| Clearly describe the event or activity (name, date, time span, location) planned. |
|   |
|   |
|   |