** The Delta Kappa Gamma Society International**

**Indiana State Organization**

**Application Form for Nominations 2023-2025**

**\_\_\_\_\_President \_\_\_\_\_\_1st Vice President \_\_\_\_\_2nd Vice President**

\_\_\_**Secretary \_\_\_\_\_\_Nominating/Personnel Committee**

 **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address**

**(Street)**

**(City, state, zip code)**

**Home telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Educational Background: Include all post-secondary education:**

**(Degree(s) earned**

**(College Attended) (Major/purpose of Study) if applicable) (Years attended)**

**Years of Teaching\_\_\_\_\_\_\_\_ Present position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last School Corporation that you taught in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Delta Kappa Gamma Experiences (offices, chairmanship, committee member, awards received, grants, special recognition)**

**Chapter:**

 **State:**

**Regional/International:**

**Community Service and Hobbies: (civic, religious, service clubs, etc.)**

**Other information pertinent to this application you may wish to include:**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To ensure consideration please mail application**

**By Nov. 1, 2022**

**Marjorie Miller**

**81 W. Roselawn Dr.**

**Logansport, IN 46947**

**Or email to: teacher81@msn.com**