# þÿ OHIO STATE ORGANIZATION

# ALPHA DELTA STATE OHIO EDUCATIONAL FOUNDATION

**A. Margaret Boyd International Study – Ohio Fellowship**

**GUIDELINES**

The A. Margaret Boyd International Study - Ohio Fellowship was developed to promote international good will and cultural exchange through study and travel.

THE FELLOWSHIP

A stipend is available for overseas study at an accredited university for one year only.

A stipend is available for cultural travel and study only if sponsored by a university for college credit.

QUALIFICATIONS

Applicant must be a member of an Ohio Chapter of The Delta Kappa Gamma Society International at least two years, and be active at the chapter, state and/or international level.

Applicant will indicate how the overseas study will be applicable to teaching, community service, and Delta Kappa Gamma programs.

APPLICATION

Completed application forms are due February 1.

E-mail completed application to

Marilyn Slusser, Scholarship Committee Chairman [hmstreas@gmail.com](mailto:hmstreas@gmail.com)

PROCEDURE

Upon receipt of all completed applications, Ohio State Organization Scholarship Committee will review the applications and will recommend their decision to the Alpha Delta State Ohio Educational Foundation Board of Directors for funding. Distribution of funds will follow.

Upon completion of the International Fellowship Study, the Ohio Fellowship recipient will complete the following.

# Within thirty (30) days of completion of the study, the recipient shall prepare and send to the Scholarship Committee Chairman an article suitable for publication *describing* the study and how it benefits students and education.

1. **The recipient shall apply to present a breakout session at the subsequent Ohio State Organization Convention.**
2. **The recipient may present a program for chapter meetings.**
3. **Failure to complete requirements 1 and 2 will affect future funding through ADSOEF.**

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**APPLICATION**

Directions: This application must be typed, concise, and specific in response. Questions should be directed to the Scholarship Committee Chairman.

Name:

Last First Middle

Address:

Street/ P.O. Box

City State Zip

Phone: Fax:

E-Mail Address:

Chapter Name: Date Initiated:

Membership ID Number:

Delta Kappa Gamma Involvement: Chapter:

State: International:

Current Professional Position: If retired, give retirement date and last professional position.

EDUCATIONAL BACKGROUND: Begin with most recent including dates, college/university, degree/certification/licensure/other.

PROFESSIONAL EDUCATOR EXPERIENCE: Give dates, school system, subject(s) taught, positions.

DESCRIPTION OF STUDY OR TRAVEL AND STUDY EXPERIENCE: Include dates,

topics of study, geographic location of study, study group, and/or institution granting credit if applicable.

FINANCIAL STATEMENT: Give approximate costs of the study, travel or study experience.

PHILOSOPHY OF TEACHING STATEMENT: This statement will be given significant consideration in the selection process. How do you plan to use your study/travel or study experience to impact the Society, your school district, and/or your community?

Signature of Applicant:

Date: