

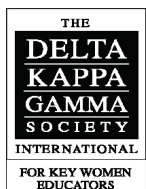
State Forms Index

Name	Form Number	Deadline (If Applicable)
Achievement Award Recommendation	1	February 1 of odd-numbered years
Biennial Report Form	2	February 1 of even-numbered year
Chapter Committee Chairmen	3	August 15 of even-numbered years
Chapter Officers—State	4	April 15 of even-numbered years (State)
Chapter Officers—International	5	May 15 of even-numbered years (International)
Chapter Service Project Report	6	February 1 of each year
Contribution Form, State Funds	7	
Chapter Contributions Summary Report	7A	June 15 (Chapter Treasurer)
Emergency Fund Request	8	
Expansion Survey	9	
Grant-in-Aid Application	10	February 1 of each year Grant is available
Grant-in-Aid Report	11	February 1 of each year
Grave Marker Permission	12	
Honor Chapter Criteria	13	February 1 of even-numbered years
Leadership Management Seminar Application	14	March 1 of odd-numbered years
Mary Stuart Harmon Scholarship Application	15	February 1 of each year Scholarship is available
Recommendation for Elected Office	16	September 1 of even-numbered years
Recommendation for State Treasurer	17	Every 4 years, prior to term expiration
Recommendation for State Executive Secretary	18	Every 4 years, prior to term expiration
Recommendation for State Committee	19	Spring of odd-numbered years
Red Rose Report	20	February 1 of even-numbered years
Red Rose Publicity Release	20A	
Scholarship Application	21	February 1 of each year
SEE Report	22	February 1 of each year
State Officer Visit Request	23	
Woman of Distinction	24	December 1 of even-numbered years
Yearbook Criteria	25	December 1 of each year

Membership Forms

Membership Forms	
<ul style="list-style-type: none"> • Recommendation for Membership (Int. Form 11) • Application for Transfer (Int. Form TR-A) • Chapter President Form for Membership Transfer to New Area (Int. Form TR-19) • Death of a Member Report (Int. Form 6) • Necrology Report, Due Feb. 1 • New Member Form (Int Form 81) • Reinstated Member Form (Int. Form 83) 	State Form 26 State Form 27 State Form 28 State Form 29 State Form 30 State Form 31 State Form 32

Applications for International Scholarships and grants are available on the international website:
www.dkg.org.



MISSISSIPPI STATE ORGANIZATION

Achievement Award

All recommendations for this award must be sent to the chair of the Awards Committee and **must be postmarked** no later than **February 1**. Recommendation is to be made by a chapter, an Executive Board member, or the Awards Committee.

I. Name of member recommended _____

II. Address of member recommended _____

III. Present professional position (or last professional position before retirement)

IV. Member of The Delta Kappa Gamma Society International

Chapter _____ State _____

Total number of years as a member _____

V. Delta Kappa Gamma Society

A. Chapter

1. Offices held

2. Committees

3. Honors

4. Additional Service

B. District

1. Offices held

2. Committees

3. Honors

4. Additional Service

C. State

1. Offices held
2. Committees
3. Honors
4. Additional Service

D. International

1. Offices held
2. Committees
3. Honors
4. Additional Service

E. Conventions

Indicate number attended

- | | |
|-------------------------------------|-------|
| 1. State Participation | _____ |
| 2. District Participation | _____ |
| 3. Southeast Regional Participation | _____ |
| 4. International Participation | _____ |

VI. Additional contributions to education

Submitted by _____ Chapter _____

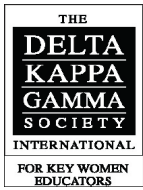
President _____

Address: Street _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

See your chapter yearbook for the name and contact information
for the committee chair.



MISSISSIPPI STATE ORGANIZATION

Chapter Biennial Report Form

We want to hear about your biennium! Submit the following report to the state research representative by February 1, 20__, as an email attachment or a hard copy. An online form is also available. (See your yearbook for contact information.)

CHAPTER NAME _____ DISTRICT _____

CHAPTER PRESIDENT or RESEARCH REPRESENTATIVE _____

1. Did you attend the 20__ Chapter Leaders Retreat? Yes No
 - a. If yes, what parts of the training do you now realize have been the most helpful?

 - b. What parts do you now realize were least useful? _____
2. What strategies did your chapter use to recruit new members?

3. Did your chapter hold an orientation for prospective members this year? Yes No
If Yes, how?

4. Did your chapter induct new members this year? Yes No
5. Which of the following service projects did your chapter complete? (Select all that apply).
 - _____ Donation of school supplies
 - _____ Donation of food to community
 - _____ Donation of Christmas gifts to needy families
 - _____ Volunteered at schools and libraries
 - _____ Supported/mentored teachers
 - _____ Raised money for community or international projects
 - _____ Other _____
6. What types of programs did the chapter offer that provided professional development for members. (Check all that apply).
 - _____ Educational guest speaker
 - _____ Legislative guest speaker
 - _____ DKG member presentation
 - _____ Art presentation
 - _____ Music Presentation
 - _____ Other _____
7. Have you or the chapter nominations committee identified and/or begun working with potential officers for the 20__-20__ biennium? Yes No

8. Was your chapter represented at the 20__ State Convention? Yes No
9. State representatives will make a concerted effort to maintain frequent contact with you. Please provide the following information:
- Email: please provide email address _____
 - Phone: please provide preferred phone number _____
 - Text: please provide the cell phone number where you can receive text messages

 - Other: please specify _____
10. How can the State Organization assist you or your successor in leading and growing your chapter membership?



MISSISSIPPI STATE ORGANIZATION

20__-20__ Chapter Committee Chairmen¹

(Due August 15, 20__)

Chapter President _____ Mailing Address _____ Email Address _____

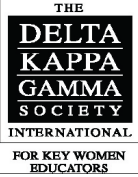
Committee	Chair	Phone #	Mailing Address	City	Zip Code	Email Address
Membership ²						
Music Chair/Rep						
Legislative Chair/Rep						
Personal Growth Chair/Rep						
Professional Affairs Chair/Rep						
Research Chair/Rep						
World Fellowship Chair/Rep						
Finance						
Program Committee ³						
Scholarship						
Chapter Rules						
Communications						
SEE ⁴						

¹ When you have appointed your committee chairs for the 20__-20__ biennium, complete this form and send it to the executive secretary. See your chapter yearbook for her contact information. **Deadline: August 15, 20__**

² If your Second Vice president serves as your Membership Committee Chair, please make note of that fact on this sheet.

³ If someone **other than** your First Vice President serves as your Program Committee Chair, please make note of that fact on this sheet.

⁴ Chapter member responsible for SEE Report (**Form 22**)



MISSISSIPPI STATE ORGANIZATION

FORM for REPORTING 20__-20__ CHAPTER OFFICERS

State Organization Copy

Complete this form and mail or attach **no later than April 15** to 20__-20__ State Executive Secretary

Chapter Name _____ 20__-20__ Chapter President _____

Office	Name	Preferred Phone	Mailing Address	City	Zip Code	Email Address
President						
First Vice President ¹						
Treasurer						
Membership Comm. Chair ²						
Second Vice President						
Recording Secretary						
Communications Chair/newsletter editor/webmaster (all that apply)						

¹ If someone other than your First Vice President serves as Program Committee Chair, please make note of that fact on this sheet.

² If your Second Vice President serves as your Membership Committee Chair, please make note of that fact on this sheet.



FORM FOR REPORTING 20__-20__ CHAPTER OFFICERS

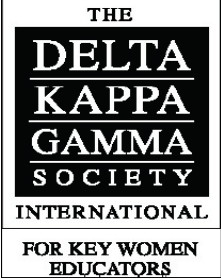
Please send a copy to your state organization and a copy to Society Headquarters

Please complete the form and email or mail *no later than May 15, 20__*, to your state organization and to Society Headquarters at mem@dkg.org or Member Services, 416 West 12th St., Austin, TX 78701-1817. The form may be downloaded as an interactive form from the Society website and forwarded as an email attachment.

Person Completing Form: _____ Chapter Name: _____ State Name: _____

	NAME	Member ID #	MAILING ADDRESS	PREFERRED TELEPHONE (include area code)	CELL (Optional)	EMAIL
President						
Treasurer						
First Vice-President						
Second Vice-President						
Recording Secretary						
Corresponding Secretary						
Parliamentarian						

Thank You!



MISSISSIPPI STATE ORGANIZATION

Chapter Service Project Report

Chapter _____ District _____

Chapter President _____

Address _____

Phone Number _____ Email _____

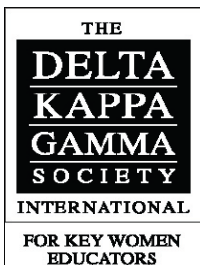
Name of Chapter Service Project: _____

Submit a color photograph (with a caption) depicting your project. Be sure to put your chapter name on the back of the photograph.

In a short paragraph (100 words or fewer), describe your chapter's project.

Report must be ***postmarked or emailed no later than February 1***, addressed to the Personal Growth and Services Representative

(See your chapter yearbook for the name and contact information for the representative.)



MISSISSIPPI STATE ORGANIZATION

State Fund Contribution Form

Donor Information

Donor's Name _____

Address _____

City _____ State _____

Telephone _____ Email _____

If the donation is being made "in honor of" or "in memory of," please complete the following

In Honor of _____

In Memory of _____

Indicate the fund to which the contribution should be applied

- | | |
|---|---|
| <input type="checkbox"/> Emergency Fund | <input type="checkbox"/> Mary Stuart Harmon Scholarship |
| <input type="checkbox"/> Grant-in-Aid | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Leadership Development (CLR) | <input type="checkbox"/> Headquarters |
| <input type="checkbox"/> Leadership Management (LMS) | |

If notification of donation is requested, please complete the following

Send notification to _____

Address _____

Make checks payable Mississippi State Organization

Send donation to the treasurer (See your chapter yearbook for her contact information.)



MISSISSIPPI STATE ORGANIZATION

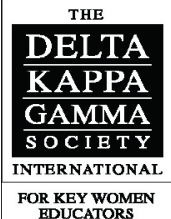
Chapter Contributions Summary Report

To be completed by the chapter treasurer and submitted to the state treasurer by June 15 or each year.

Chapter _____

District _____

Fund	Contribution	Date
International Emergency Fund		
World Fellowship		
Schools for Africa		
International Scholarship (in addition to Form 18)		
Golden Gift		
Eunah Temple Holden (ETH) Leadership Fund		
International Speakers Fund		
The Delta Kappa Gamma International Educators Foundation		
Educators Award Fund		
MSO Emergency Fund		
State Scholarship Fund		
Mary Stuart Harmon Fund		
Leadership Development Fund (CLR)		
Leadership Management Fund (LMS)		
State Grant-in-Aid Fund		
Headquarters Fund		
TOTAL		



MISSISSIPPI STATE ORGANIZATION

Mississippi State Organization Emergency Fund Request for Assistance

Fill out the necessary information and return via email, if possible, to the president. You will receive acknowledgement that it is being processed. The fund is used to assist members who sustain major losses from floods, tornadoes, hurricanes, and other catastrophic disasters. Current State Emergency Fund stipends are \$250.00.

Name of Member _____

Status of Member Active Reserve Honorary

Chapter _____

Nature of Damage _____

Current Mailing Address _____

Phone

Cell _____

Home _____

Chapter President Date _____

State President Date _____

For office use only: **Date Received:** _____

Date Processed: _____



MISSISSIPPI STATE ORGANIZATION

Chapter Expansion Survey

This survey can assist a chapter in determining the need for a new chapter in the chapter's geographical area.

Read each statement below and circle yes or no to indicate your response to that statement.

- Yes No 1. Chapter membership is more than 40 members.
- Yes No 2. All members know one another by name and know when someone is absent.
- Yes No 3. The distance that chapter members have to travel to meetings prevents some members from attending meetings.
- Yes No 4. Carrying on committee work, as it should be done, is hampered by the area covered by chapter.
- Yes No 5. Attendance at chapter meetings is less than 75%.
- Yes No 6. All of the chapter members are actively involved in the work of the chapter.
- Yes No 7. Every chapter member has an opportunity to be a leader in the chapter.
- Yes No 8. All the outstanding women educators in the chapter area are members of the chapter.
- Yes No 9. All the schools in the chapter area are represented by having members in the chapter. (Including all levels--preschool, through college or university level)
- Yes No 10. If the chapter area was evenly divided into two chapters, there would be an equal number of members retired and members not retired in each of the two chapters.
- Yes No 11. If the chapter were to expand, I would prefer that our chapter sponsor a new chapter rather than splitting to form two chapters.

If more than half of members answer "Yes" to numbers 1, 3, 4, 5 and "No" to numbers 2, 6, 7, 8, 9; expansion should be considered by the chapter. Questions number 10 and 11 are indicators of how the chapter might expand. If the chapter splits, each chapter should have an equal number of retired members and not retired members. If a majority of the members respond "yes" to number 11, the chapter should consider sponsoring a new chapter in the area. Members would then make their own decision as to whether they would transfer to the new chapter rather than being assigned membership in one of the chapters. Contact your State Membership Chair if you have questions or if you would like for someone from the state committee to come discuss expansion with your chapter.

Provided by the Membership Committee

**The Delta Kappa Gamma Society International
Mississippi State Organization Grant-in-Aid Application
Letter of Instruction**

- As a Mississippi State Organization (MSO) chapter level grant-in-aid recipient, a Mississippi resident, and an incoming senior education major, with a minimum of 75 hours completed; you are eligible to apply for the **Mississippi State Organization Grant-in-Aid Award** in the amount of \$ _____. This packet contains the materials and information you will need to complete the application process. Review the contents of the application packet and complete the requirements carefully and completely. Illegible, incomplete, or late applications will not be considered.

Instructions:

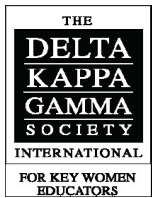
1. Complete all five (5) Sections of the application (I-V).
2. Prepare a 500-word essay, expressing your “Reasons for Choosing Education as My Profession.” This essay must be double spaced, with pages numbered, and your name included in the header or footer. Mail essay or email as an attachment to the designated MSO Professional Affairs Representative.
3. **Be sure to sign your application (Page 2, Section VI). Requires digital signature if emailing**
4. Send the following documents to the MSO Professional Affairs Representative:
 - Pages 1-2
 - Personal Essay
5. College transcript – must be a certified digital transcript sent directly from the university to the MSO Professional Affairs Representative.
6. Each reference should mail or email a Letter of Recommendation to the MSO Professional Affairs Representative
7. All documents must be postmarked or emailed by **February 1**.

The Delta Kappa Gamma Society International is a professional honorary society of key women educators: classroom teachers, college and university professors, administrators and supervisors, librarians, educational specialists, and other educators. Our mission “promotes professional and personal growth of women educators and excellence in education.” One of the ways that our state fulfills that mission is through our MSO Grant-in-Aid. We wish you success as you work through the application process and as you pursue your goal of becoming a professional educator.

Sincerely,

MSO Professional Affairs Representative

(Her contact information will be supplied by the chapter that awarded you its grant-in-aid.)



MISSISSIPPI STATE ORGANIZATION

Mississippi State Organization Grant-in-Aid Application Form

Name _____ Date of birth _____

Home address _____ Place of birth _____

_____ City _____ State _____ Zip _____

Email Address _____ Preferred phone _____

Name of chapter supporting award _____

I. COLLEGE CURRICULUM (Maximum 10 points)

Name of College/University _____

Address _____ Registrar's phone _____

What will your college classification be at the end of this spring semester? _____

College hours completed by the end of the first semester of the Junior year _____ Cumulative GPA _____

Area of concentration (specialization) **Circle one** Secondary Elementary Other _____

II. TRANSCRIPT (10 points)

College Transcript should be requested from the university or college registrar's office showing hours completed by the end of the first semester of the junior year.

III. ACTIVITIES (another sheet may be used to complete list, if needed) (Maximum 30 points)

College organizations (**Be sure to include leadership positions**)

Awards and honors _____

Church and community (**Be sure to include leadership positions**) _____

Special interests, e.g., music, art, sports, child care, sewing _____

IV. ESSAY (Maximum 20 points)

Prepare a 500-word essay, "Reasons for Choosing Education as My Profession." **This document must be typewritten and double-spaced. Use 12-pt. font and double space the essay.**

Applicant's Recommendations, Professional Verifications, and Signature

V. Letters of Recommendation (Maximum 30 points)

Please submit **three (3) letters of recommendation.**

1. One letter must be from a **college instructor.**
2. One letter should be written by either the **chapter president, professional affairs representative OR the member who recommended the applicant** for the chapter grant-in-aid award. This letter should affirm your eligibility for and receipt of the chapter grant-in-aid and your eligibility for the MSO Grant-in-Aid Award.
3. One letter should be written **by an individual who knows you personally and about your desire/aspiration to become an educator.** This letter may or may not be from a Delta Kappa Gamma member. It cannot be from a member of your family.
4. All letters of recommendation must be submitted SEPARATELY from your grant-in-aid application packet and must be **postmarked** or emailed by the person recommending the applicant to the MSO Professional Affairs Representative on or before **February 1.**

Letters of Recommendation are from the following individuals:

Name	Position relationship to applicant
1. _____	_____
2. _____	_____
3. _____	_____

VI. Signature

The accompanying *MSO Grant-in-Aid Application Guidelines* associated with this application have been carefully read and understood. In signing this application, you give permission for publicity/photo if you are awarded the MSO Grant-in-Aid Award.

Digital Signature of Applicant

To be completed by Chapter President: (Chapter president will complete this section prior to presenting application to applicant.)

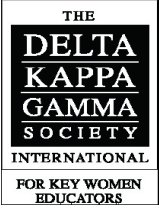
Chapter name _____

Date of chapter grant-in-aid _____

Signature of chapter president _____

Additional personal information relevant to this award _____

Submit one copy of your completed application form (pages 1 and 2). Submit and include the essay as an attachment if emailing. Three (3) recommendations and official college transcript must be submitted directly to the MSO Professional Affairs Representative on or before February 1. Her contact information should be supplied by the chapter that awarded the recipient its grant-in-aid.



MISSISSIPPI STATE ORGANIZATION

Grave Marker Permission

Permission to place plaque on Mississippi State Organization Founder's Grave

I, _____, as a relative of
_____, give my
family's permission to The Delta Kappa Gamma Society International,
Mississippi State Organization, to place a permanent marker on her grave to
honor her as a Founder of Zeta State Organization.

Signed _____

(Relation to Founder)

Address _____
Phone _____
Date _____

The Delta Kappa Gamma Society International

Mississippi State Organization Criteria for Honor Chapters

20__-20__

The Leadership Development Committee challenges each chapter to become an Honor Chapter during 20__-20__. The criteria are divided into the six areas of the Delta Kappa Gamma Society International **Strategic Plan for Renewal**, adopted at the 1994 International Convention, and the Mississippi State Organization **Strategic Plan for Renewal**, adopted in 2014.

Area I	Membership
Area II	Communications/Publications
Area III	Public Relations
Area IV	Society Structure
Area V	Programs/Projects and Educational Services
Area VI	Society Purposes

Each item counts one point, for a possible total of fifty-nine points.

Award	
Honor Chapter	48-59 points
Deadline for Reporting:	February 1, 20__

Attainment of Honor Chapter status is the responsibility of ALL chapter members, guided by the chapter president. All officers and committees should refer to relevant sections of the criteria as they plan their activities for the biennium. We wish your chapter success.

Directions for Reporting: Check the box next to each item that has been achieved. Provide explanation if requested. Complete the summary chart below, sign, date the report, and send the entire form to the chair of the Leadership Development Committee. It must be postmarked no later than February 1, 20__.

Summary of Points Earned:

Section	No. of Items Listed	No. of Items Checked
Area I: Membership	19	
Area II: Communications/Publications	14	
Area III: Public Relations	5	
Area IV: Society Structure	4	
Area V: Programs/Projects and Educational Services	14	
Area VI: Society Purposes	3	
TOTALS	59	

Chapter _____ Chapter President's Signature _____

Date _____

Area I Membership

Goal 1: To broaden the membership base

- Our chapter had a **net increase** in membership of at least two new members per biennium.
- A planned orientation and welcome program is held for all new chapter members each year.

Goal 2: To retain members

- Outstanding accomplishments of chapter members are recognized at chapter meetings.
- A reorientation for all chapter members is held at least once each year.

Goal 3: To encourage active membership

- A planning meeting for officers and committee chairmen was held by August 15 of each year.
- A planning session for new chapter committees was held at the beginning of the biennium.

The chapter president attended:

- State District Meeting (Spring, Even-numbered year)
- Chapter Leaders Retreat (June, Even-numbered year)
- International Convention (Summer, Even-numbered year)
- State Convention (Spring, Odd-numbered year)
- Zeta State Leadership Management Seminar (attended _____)
- International Conference (Summer, Odd-numbered year)

Chapter member(s) other than the president attended:

- State District Meeting (Spring, Even-numbered year)
- Chapter Leaders Retreat (June, Even-numbered year)
- International Convention (Summer, Even-numbered year)
- State Convention (Spring, Odd-numbered year)
- Zeta State Leadership Management Seminar June 20__
- International Conference (Summer, Odd-numbered year)
- At least 60 percent of the chapter's **active** membership attended six regularly scheduled chapter meetings during the biennium. (**NOTE:** Members who are unable to attend chapter meetings because of state or international Delta Kappa Gamma responsibilities should be counted as present at the chapter meeting. Exclude reserve and honorary members from total chapter membership when computing attendance percentages.)

_____ **Total Points** *Area I: Membership*

Area II—Communications/Publications

Goal 1: To inform membership at the chapter, state, and international levels

- ___ Each of these Delta Kappa Gamma publications was reviewed during the biennium
Our Heritage
The History of Zeta State 1934-2009, Zeta State History 2009-2019
The Constitution and the International Standing Rules (2023), The Handbook of The DKG Society International 2023, Mississippi State Organization Bylaws and Standing Rules, and Chapter Rules
- ___ At least one scheduled program/meeting during the biennium was attended by a state officer, state committee chair, or member of the Order of Magnolia (**State Officer/Committee Chair Request Form 23**).
- ___ Short reviews of important articles from the *Bulletin*, *ΔΚΓ NEWS*, and *Zeta Data* are given at chapter meetings.
- ___ Educator's Award Books are reviewed at chapter meetings and/or in chapter newsletters.
- ___ Articles about chapter and member activities and accomplishments are sent to *Zeta Data* at least once a year.
- ___ Our chapter keeps up-to-date historical records of the chapter's work.

Goal 2: To promote cohesiveness among the three levels of the Society

- ___ The names and addresses of **chapter committee chairs** were sent to the state executive secretary by August 15, 20__ (**Form 3**).
- ___ Five copies of the chapter yearbook were sent by December 1 of each year as follows: state president (**1**); state first vice-president (**1 [Include completed Form 25]**); state executive secretary (**1**); *your* district director (**1**); state recording secretary (**1**).
- ___ The Biennial Report Form (**Form 2**) was sent to the state research representative by Feb. 1, 20__.
- ___ The chapter treasurer's yearly reporting forms (**Int. Form 990, Int. Form 15, and Int. Form 18**) were submitted by set deadlines.

Goal 3: To create quality Society publications at all levels

- ___ Our chapter yearbook reflects the chapter's program of work and is reviewed with members at the **first** regular meeting of each year.
- ___ A chapter newsletter is sent to each member at least two times each year.

Goal 4: To utilize technology at all levels

- ___ At least some of the chapter records and publications are computerized—financial records, membership records, yearbook, newsletter, etc.
- ___ Our chapter has a website/social media platform to communicate with members.

_____ **Total Points** Area II: *Communications/Publications*

Area III—Public Relations

Goal 1: To identify the Society as an organization of key women educators who represent all ages and areas of educational work and who are committed to the improvement of education

- ___ During the current biennium our chapter is participating in the State Woman of Distinction program (**Form 24**).
- ___ Our chapter honored at least one outstanding local woman through participation in the Red Rose Award program during the biennium, preferably during the year of the district meetings (**Form 20 & Form 20A**).
- ___ During the biennium a member of our chapter served a on a public service committee, task force, or board (e.g., United Way, Red Cross, Chamber of Commerce, church board, Boys and Girls Clubs, etc.).

Goal 2: To increase awareness of the Society locally, regionally, and globally

- ___ Our chapter awarded a grant-in-aid during the biennium.
- ___ The chapter participated in a program of public outreach, such as providing educational assistance and/or volunteer service to the community.

Explain: _____

_____ **Total Points** *Area III—Public Relations*

Area IV: Society Structure

Goal 1: To examine structural components of the Society at all levels with regard to relevance, complexity, and financial ramifications

- ___ One program during the biennium has informed members about Society structure, e.g., headquarters, boards, regions, committees.
- ___ Chapter members have assessed the effectiveness of chapter and/or state organizational structures (officers, committees, districts, traditions, rules) and made appropriate changes and recommendations.
- ___ Our chapter has explored the possibility of beginning a new chapter in our area.

Goal 2: To maintain chapter rules that are in line with state Bylaws and Standing Rules and the Constitution and the International Standing Rules

- ___ Our chapter rules were reviewed within the last 4 years by the state Bylaws and Standing Rules Committee and are in line with the state and international governing documents.

_____ **Total Points** *Area IV: Society Structure*

Area V—Programs/Projects and Educational Services

Goal 1: To maximize each member's involvement in programs, projects, and educational services at all levels

- Chapter programs for the biennium have been planned by members of the Educational Excellence/ Program Committee to include projects, activities, and programs related to the total Program Committee—Personal Growth and Services, Professional Affairs, Research, Music, and World Fellowship.
- One or more chapter members have presented the program at a minimum of two chapter meetings each year of the biennium.
- Music is included as a part of each chapter program.
- Chapter members are offered opportunities at meetings to share innovative ideas, to display projects, and to demonstrate skills.
- Our chapter contributes each year to at least one of the **International** Funds:
 World Fellowship Fund Golden Gift Fund Emergency Fund
 Educational Foundation Fund International Speaker's Fund
- Our chapter contributes each year to at least one of the **state** funds: (**Form 7**)
 Emergency Fund Leadership Development (CLR) Scholarship
 Grant in Aid Leadership Management (LMS)
 Headquarters Mary Stuart Harmon Scholarship
- Our chapter contributes during the biennium to the officially adopted international project.

Goal 2: To encourage member study and/or research relating to innovations in education, technology, and other areas of specialization

- At least one-half or more of the biennium's chapter programs have been planned using the Society Purposes.
- Members are informed about the availability of and application deadlines for state and international scholarships, study stipends, seminars, and other enrichment programs.

Goal 3: To promote leadership through information exchange

- Members are encouraged to apply for the state and/or the international Leadership Management Seminar (**Form 14**).
- During the biennium our chapter recommended a qualified member for a Society leadership position (including committee member position) at the state or international level (**Forms 16-19**).

Goal 4: To promote SEE: Support Early-career Educators

- Chapter mentored at least one early career educator during the biennium.
- Chapter sponsored the attendance of at least one early career educator at a District Meeting Spring 20__.
- Chapter SEE Report (**Form 22**) was submitted by the designated deadline.

_____ **Total Points Area V: Programs/Projects and Educational Services**

Area VI—Society Purposes

Goal 1: To inspire each member to renew her commitment to the purposes of the Society

- ___ One of the Seven Purposes is spotlighted at each chapter meeting.
- ___ A recommitment ceremony for all members is held at least once a year.
- ___ The chapter has sponsored at least one specific project during the biennium relating to one or more of the Seven Purposes.

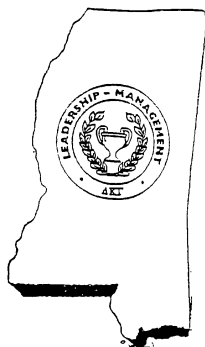
Explain: _____

_____ **Total Points** *Area VI: Society Purposes*

PLEASE MAIL COMPLETED FORM TO:

Chair of the Leadership Development Committee

The Delta Kappa Gamma Society International promotes professional and personal growth of women educators and excellence in education.



Leadership Management Seminar Application Process

To be considered for Leadership Management Seminar, a member must have completed a minimum of two years as a Delta Kappa Gamma member and be in at least her third year of membership at the time of the application.

1. Complete the application (**Form 14**). Applications may be computer generated but must follow the format of the attached form.
2. Give the recommendation form to your chapter president, immediate past chapter president, or chapter president's designee. This form should be included in the mailed application.
3. Send the application, the recommendation forms, and a check for the application fee to the chair of the state Leadership Development Committee by March 1. The check should be payable to Mississippi State Organization. The chair's contact information is in your chapter yearbook.

**COMPLETE INFORMATION IS VITAL TO YOUR APPLICATION.
THANK YOU FOR YOUR CLOSE ATTENTION TO THE DETAILS OF THIS
PROCESS.**

If you are not selected for the seminar, the check for your application fee will be returned to you. If you are selected for the seminar, no refunds will be made after the seminar participants are announced.

Application for 20__ Zeta State Leadership Management Seminar
The Delta Kappa Gamma Society International

Please type or print. Use additional sheets if necessary.

Date of application

Ms.
Miss
Mrs.
Dr. _____
 First name Middle Last

Home Phone _____ Cell Phone _____ Bus. Phone _____

Street Address _____ Fax number _____

City, State, Zip _____ Email _____

Chapter _____ Date of Induction _____

EDUCATION

<u>College or University</u>	<u>Location</u>	<u>Degree</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SOCIETY INVOLVEMENT

Offices _____

Committees _____

Other Services _____

Conventions Attended: (Give year(s) of the meeting(s))

District _____ Regional Conference _____

State _____ International Convention _____

PROFESSIONAL EXPERIENCE

<u>Current/Previous employer</u>	<u>City</u>	<u>Title</u>	<u>Years</u>
_____	_____	_____	_____

Major Responsibilities _____

PROFESSIONAL AND COMMUNITY INVOLVEMENT/AWARDS

In what ways will you be willing to share with other members of the state and with your chapter and district the skills acquired at this seminar?

Name three characteristics that best describe you (**three words only**).

a. _____ b. _____ c. _____

Additional significant life experiences not covered elsewhere (please be specific).

For office use only:
Postmark Date: _____
ID Number: _____

**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
ZETA STATE LEADERSHIP MANAGEMENT SEMINAR
RECOMMENDATION FORM**

Please type or print.

Ms.
Miss
Mrs.
Dr. _____ (Applicant's Name)
First name Middle Last

Ms.
Miss
Mrs.
Dr. _____ (Name of Reference)
First name Middle Last

Street/P.O. Box (Address of Reference)

City State Zip
Business Phone _____ Home Phone _____

1. How long have you known the applicant?

2. From your point of view, what are the applicant's principal strengths?

3. What has the applicant done to evidence leadership potential or professional competency to be endorsed for this leadership opportunity? (Be specific.)

4. Rate this applicant in comparison to other professional educators

Outstanding	_____	Average	_____
Superior	_____	Not able to determine	_____
Good	_____	(Please explain below)	

5. In addition to the information indicated above, the committee would appreciate any additional comments that you might share to assist with the selection process.

Complete the following as applicable:

CHAPTER PRESIDENT
(Or Immediate Past President or President’s Designee)

(Print or Type Name)

(Signature)

(Title)

(Date)

**Mail recommendation form to
The Chair of the Leadership Development Committee**

DEADLINE: Postmarked no later than **March 1**
Thank you for your interest

The Delta Kappa Gamma Society International promotes professional and personal growth of women educators and excellence in education.

MARY STUART HARMON SCHOLARSHIP APPLICATION

MISSISSIPPI STATE ORGANIZATION

Dear Mary Stuart Harmon Scholarship Applicant,

The Mary Stuart Harmon Scholarship is for members who are working on a Specialist or Doctorate Degree. An applicant must have been a Delta Kappa Gamma member for at least three years at the time of her application. As this is a state scholarship, scoring is heavily weighted on service beyond the chapter level.

Application must be typed. Please use the following checklist to make sure your application is completed correctly. Incomplete applications or applications postmarked later than February 1 will not be considered.

_____ Complete all 4 pages of the application and sign on the last page. You may add extra writing space and add cells to the tables as needed.

_____ In ONE packet, send a hard copy of your application AND your **three sealed envelopes** with recommendations to the Mary Stuart Harmon Scholarship Committee Chairman. The recommendation envelopes must bear your name and the application packet must be postmarked no later than February 1.

See chapter yearbook for name and address of Chairman of Mary Stuart Harmon Board of Trustees

_____ Send a copy of the completed application ONLY to each member of the Mary Stuart Harmon Board of Trustees (**Recommendation letters will go to the Chairman only**). Applications must be postmarked no later than February 1.

Contact Chairman of Mary Stuart Harmon Board of Trustees for names of trustees.

Applications will be reviewed and evaluated according to the following:

Membership and General Information	20%
Δ K Γ Service	60%
Education, Experience, Extra-Curricular, Publication	20%

**APPLICATION FOR MARY STUART HARMON SCHOLARSHIP
THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL—MSO**

ALL INFORMATION MUST BE TYPED. All blanks must be completed with the information requested. The completed application should be addressed to the Chairman of the Board of Trustees and **must be postmarked on or before February 1**. Please provide an envelope bearing your name to each of the three persons who will submit a letter of recommendation. Submit the three sealed recommendations with your application.

The Mary Stuart Harmon Scholarship recipient is required to give a report of progress to the chairman each January until the work has been completed.

Full Name of Candidate _____

Present Address _____

Permanent Address (if different from above) _____

Email Address(es) _____

Present Teaching Position: Place _____ Area _____

Place of Birth _____ Date of Birth _____ Single _____ Married _____ Divorced _____

If married, husband's name _____ Occupation _____

Number and ages of children _____ Other dependents _____

CURRENT DELTA KAPPA GAMMA INFORMATION

What date were you initiated? Include Month, Date, & Year. _____ Current Chapter _____

Does your chapter have a scholarship available to members? Yes _____ No _____

If yes, have you applied? Yes ___ No ___ Have you ever received a Delta Kappa Gamma Scholarship? Yes ___ No ___

If yes, give the date, amount, and name of scholarship: _____

List other scholarships for which you have applied or expect to apply during the period of time covered by this application.

EDUCATION BACKGROUND

Highest Degree Held _____ Date Received _____ Institution _____

List goals that this scholarship will help you achieve:

Which Degree	Name of Institution	Target Completion Date

PROFESSIONAL SERVICE AND RECOGNITION FOR ACHIEVEMENT

Attendance

My chapter meets ____ times each year. I have attended ____ chapter meetings in the past 3 years.
(You may secure this information from your recording secretary.)

Reasons for absences _____

Complete the following by indicating a number:

I have attended ____ District Meetings. I have attended ____ State Conventions.

I have attended ____ Regional Conferences. I have attended ____ International Conventions.

State Meetings

YES or NO I have attended ____ Chapter Leaders Retreats.

YES or NO I have attended Leadership Management Seminar. What year? _____

Service

(if needed, please add a sheet explaining your service)

	Name of Office	Committees: cite Chair or Member & Date
Chapter	_____	_____
	_____	_____
	_____	_____
District	Have you served at the district level? Explain. _____	

State	Have you served at the State Level?	
	Name of Office	Committees: cite Chair or Member & Date
	_____	_____
	_____	_____
	_____	_____
Regional & International	_____	_____
	_____	_____

List other services to Delta Kappa Gamma. (Example: Playing piano, singing, etc.)

Need

To what degree are you dependent on your teaching salary? Highlight or circle one. Completely Mostly Somewhat Not at all

Give any further personal information related to your need for a scholarship. _____

RECOMMENDATIONS

List the names and addresses of the three persons (indicated below) who are writing the committee in your interest. Each envelope containing the recommendation should bear your name.

Chapter President _____

A Professor _____

An Administrator _____

SUMMARY OF EDUCATION (academic, technical, and professional)

Name of Institution	Dates of Attendance	Degree and Date

Are you certified by the National Board of Professional Teaching Standards? ___ If so, what year did you certify? _____

EXPERIENCE

List in chronological order beginning with the most recent your employment in teaching and / or administration positions.

Name of Institution	Title or Position	Dates

Total Years of Teaching / Administrative Experience _____ Total Years of Teaching in Mississippi _____

Do you plan to continue teaching in Mississippi? _____

List extra-curricular activities you direct or have directed in your school(s).

Extra-Curricular Activity	Dates

EXPERIENCE (continued)

List other professional or business positions you have held.

Type of Position	Place of Employment	Dates

List any other local, state, and national professional organizations to which you belong.

Name of Organization	Offices / Committee Chairmanship Held

List scholarships and/or fellowships that you have received.

Scholarship / Fellowship	Date Received	Amount

PUBLICATIONS

Title of Published Writing	Publisher	Date and Place of Publication

Applicant Signature

Date and Place of Mailing

Please review and make sure all areas are completed. Use the provided checklist on the first page to complete the application procedure.



MISSISSIPPI STATE ORGANIZATION

Recommendation For Elected State Office

Fill in the information below for the individual whom you are recommending for office. See the Society Business Committees, Nominations Committee, section of the *Policies and Procedures Manual* for qualifications for office.

Date _____

Recommended Elected Office _____

Name _____ Chapter _____

Address _____ Phone _____

_____ Email address _____

Number of years as a Delta Kappa Gamma member _____

List Delta Kappa Gamma experience at the chapter level **and the dates of participation**

List Delta Kappa Gamma experience at the state/district level **and the dates of participation**

List Delta Kappa Gamma experience at the regional level **and the dates of participation**

List Delta Kappa Gamma experience at the international level **and the dates of participation**

Present professional position and years

Other professional experience

Educational background (be specific)

Community service

Signature and **chapter** of member making the recommendation or, in the case of a chapter nomination, the chapter president's signature and chapter

Recommendations for state office shall be submitted to the chair of the state Nominations Committee and must be postmarked by **September 1 of even-numbered years**. (See chapter yearbook for name and address of Nominations Committee Chair.)



RECOMMENDATION FOR MISSISSIPPI STATE ORGANIZATION TREASURER

The state officers, all of whom must be members of Mississippi State Organization, shall be president, first vice president, second vice president, recording secretary, northern district director, assistant northern district director, central district director, assistant central district director, southern district director, and assistant southern district director (all elected) and a treasurer and an executive secretary (selected by the Executive Board). (*MSO Bylaws*, Article VI, Section 1.A)

Guidelines

1. An individual member or chapter may recommend to the state president a member for the selected position of Treasurer, who serves a four-year term. The recommendation must be received 30 days prior to the Executive Board meeting at which the term ends, or if the position has been vacated by resignation or death, 30 days prior to the next Executive Board meeting. The selection shall be made in a leap year.
2. Permission of the member being recommended must be secured before her name is submitted.
3. The person recommended for Treasurer shall have served as chapter treasurer.
4. An official "Recommendation for State Treasurer" form (**Form 18A**) must be completed for each person recommended with careful attention to the following:
 - a. the office for which she is recommended
 - b. her qualifications for that office
 - c. complete and accurate details of her Delta Kappa Gamma experience
 - d. leadership qualities that suit her for the position
 - e. the completion of the recommendation process by the designated deadline
 - f. the signature and chapter of the person making the recommendation. If the recommendation comes from a chapter, the president should sign the form and indicate the chapter's name

RECOMMENDATION FOR MISSISSIPPI STATE ORGANIZATION TREASURER

Date _____

I wish to recommend _____, a member of _____ Chapter, for state treasurer. She has consented to submission of her name.

Provide the following information for the person being recommended. Use the back of this form if more space is required.

Address _____
(Street, P.O. Box, Route) (City, State, Zip Code)

Phone number (____) _____ Email address _____

Computer Skills _____

Knowledge

Basic financial and accounting procedures training and/or experience

DKG Experience

Chapter

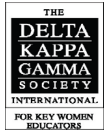
State level (membership on Finance Committee)

Experience as another organization's treasurer or experience on a finance committee

Recommendations for Treasurer must be submitted to the State President at least thirty days before the Executive Board meeting at which the selection is to be made.

Submitted by _____
(Name) (Chapter)

Address _____
(Street, P.O. Box, Route) (City, State, Zip Code) (Phone number) (Email address)



Recommendation For Mississippi State Organization Executive Secretary

The state officers, all of whom must be members of Mississippi State Organization, shall be president, first vice president, second vice president, recording secretary, northern district director, assistant northern district director, central district director, assistant central district director, southern district director, and assistant southern district director (all elected) and a treasurer and an executive secretary (selected by the Executive Board). (*MSO Bylaws*, Article VI, Section 1.A)

Guidelines

1. An individual member or chapter may recommend to the state president a member for the selected position of Executive Secretary, who serves a four-year term. The recommendation must be received 30 days prior to the Executive Board meeting at which the term ends, or if the position has been vacated by resignation or death, 30 days prior to the next Executive Board meeting. The selection shall be made in a leap year.
2. Permission of the member being recommended must be secured before her name is submitted.
3. The person recommended for Executive Secretary shall have served as chapter president.
4. An official “Recommendation for Mississippi State Organization Executive Secretary” form (**Form 18B**) must be completed for each person recommended, with careful attention to the following points:
 - a. the office for which she is recommended
 - b. her qualifications for that office
 - c. complete and accurate details of her Delta Kappa Gamma experience
 - d. leadership qualities that suit her for the position
 - e. the completion of the recommendation process by the designated deadline
 - f. the signature and chapter of the person making the recommendation. If the recommendation comes from a chapter the president should sign the form and indicate the chapter’s name

Recommendation for Mississippi State Organization Executive Secretary

Date _____

I wish to recommend _____, a member of _____

Chapter, for the office of Executive Secretary. She has consented to submission of her name. (Provide the following information for the person being nominated. Use the back of this form if more space is required.)

Address _____
(Street, P.O. Box, Route) (City, State, Zip Code)

Telephone Number (____) _____ Email address _____

Date of induction _____ Chapter presidency biennium _____

DKG experience

Chapter level

State/district level

Regional level

International level

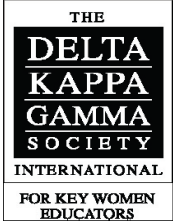
Computer skills _____

Recommendations for Executive Secretary must be submitted to the state president at least thirty days before the Executive Board meeting at which the selection is to be made.

Anyone recommended as Executive Secretary should have served as chapter president and have state organization committee experience; familiarity with the work of the Executive Board; attended state and regional meetings; interest in and time for the position; organizational ability; and the ability to delegate, speak well, and communicate effectively.

Submitted by _____
(Name) (Chapter)

Address _____
(Street, P.O. Box, Route) (City, State, Zip Code) (Telephone Number) (Email Address)



MISSISSIPPI STATE ORGANIZATION

Recommendation for State Committees

Complete this form and send it to the newly-elected state president.

Chapter District _____ Chapter _____

Member _____
(Signature of member)

Address _____

Phone _____ Email _____

This member would like to be considered as a member for the following committees in order of preference with 1 (one) as a top choice. List three.

Society Business

- _____ Finance
- _____ Membership & Expansion
- _____ Bylaws and Standing Rules
- _____ Leadership Development (LMS Graduates only)
- _____ Communications and Marketing
- _____ Policies & Procedures Review

Society Mission and Purposes

- Educational Excellence** (one rep in each area)
- _____ Legislative
 - _____ Personal Growth & Services
 - _____ Professional Affairs
 - _____ Research
 - _____ World Fellowship
- _____ Scholarship
- _____ Mary Stuart Harmon Board of Trustees

Other

- _____ History of Mississippi State Organization
- _____ Awards
- _____ Headquarters
- _____ Technology

Submitted by Chapter President _____ Date _____
(Signature)

NOTE Most committees meet only once each year of the biennium, usually on Saturday mornings at headquarters. Serving on a committee is not a cumbersome task and is good way to become involved in Society work above the chapter level.



MISSISSIPPI STATE ORGANIZATION

Red Rose Award Report

Chapter Information

Chapter Name _____ District _____

Contact person _____ Chapter President _____

Phone _____ Phone _____

Email address _____ Email address _____

Address _____

Date of the Award _____ Place of the Award _____

Ceremony (Enclose program copy or agenda) _____

Recipient information

Name _____

Position _____

Address _____

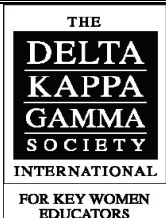
Phone _____

Recipient has influenced or benefitted education and the status of women in educational leadership roles with the following accomplishments _____

The following items **must** be included in the Red Rose packet to be considered for state recognition.

- Red Rose Award Form Publication

Send the Red Rose Award Report to Professional Affairs Representative by **February 1** (See chapter yearbook for name and address)



RED ROSE AWARD Publicity Release (for chapter use only)

I, _____ (Name of Red Rose Recipient),

- Give
 Do not give

Permission for my picture and information to be submitted for publication in newspapers and/or Delta Kappa Gamma newsletters or other publications.

Signed

Date

Chapter President or Red Rose Chair _____

Date _____

Deadline for recognition is February 1

Maintain this release in your chapter files.



MISSISSIPPI STATE ORGANIZATION

SCHOLARSHIP APPLICATION

All information must be complete and the application submitted via email. All blanks must be completed with information requested. If no information is pertinent, put N/A in the blank.

Full name of candidate _____

Mailing address _____

Present teaching position: place _____
grade or area _____

Chapter of Mississippi State Organization of which you are a member _____

District (circle one): Northern Central Southern

Date of induction into Delta Kappa Gamma: _____

List any other scholarship for which you have applied or expect to apply during the period of time covered by this application.

Have you ever received a Delta Kappa Gamma Scholarship? _____

If yes, give the date and the amount _____

How was this scholarship used? _____

I. SCHOLARSHIP DATA

Scholarship for which you are applying (check one):

_____ Clytee Evans (minimum of 3 years in Delta Kappa Gamma)
_____ Amanda Lowther (minimum of 5 years in Delta Kappa Gamma)

Highest degree held _____ Date Received _____

Institution _____

What goal will this scholarship help you achieve? If you are working toward a degree, state which degree, name of institution, work completed, and date you expect to finish.

II. SUMMARY OF EDUCATION (Beginning with most recent)

Name of Institution	Dates of Attendance	Degree and Date

III. EXPERIENCE

1. List in chronological order, beginning with the most recent, your employment in teaching and/or school administration positions.

Position	Name of Institution	Dates

Total years of teaching experience _____

Total years of teaching in Mississippi _____

Do you plan to continue teaching in Mississippi? _____

2. List extra-curricular activities you direct or have directed in your school.

Extra-Curricular Activity	Dates

3. List other professional or business positions you have held.

Position	Place of Employment	Dates

4. List other local, state, and national professional organizations.

Name of Organization	Office/Committee Chair Held

5. List scholarships or fellowships.

Scholarship/Fellowship	Date	Amount

IV. PROFESSIONAL SERVICE AND RECOGNITION FOR ACHIEVEMENT IN DELTA KAPPA GAMMA

Attendance: How many of the following have you attended? Indicate by number.

International Convention _____ Regional Conference _____ State Convention _____
 State Workshop _____ District Meeting _____

How many meetings per year does your chapter have? _____

How many chapter meetings have you attended in the last three years? _____
(Information may be secured from chapter recording secretary.)

Reasons for absences _____

List offices and/or related positions that you have held at the following levels

	Office	Committee
International		
State		
Chapter		

Other services to Delta Kappa Gamma (be specific) _____

V. PUBLICATIONS

Title of Published Writing	Publisher	Date

VI. AWARDS, ACHIEVEMENTS, HONORS, OTHER

VII. RECOMMENDATIONS

List the names and addresses of three people who are writing the committee in your interest. Each letter must be emailed to the state Scholarship Committee Chair no later than February 1.

1. Chapter president _____

2. An administrator _____

3. Your choice _____

IX. CHAPTER SUPPORT

Chapter president or
Scholarship Chair

Address

Telephone

Email address

Date

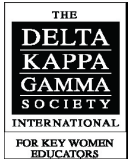
Applicant signature

Telephone number

Date and place of mailing

The number of scholarships awarded each year will be determined by the amount of scholarship money available as well as previously determined policies. The State Scholarship Committee may reject any application that does not meet the high standards of the Society.

Email your application to the Scholarship Committee Chair by February 1. Recommendations must be emailed to the Scholarship Committee Chair by February 1. (The name and email address of the Committee Chair should be found in your chapter yearbook.)



MISSISSIPPI STATE ORGANIZATION

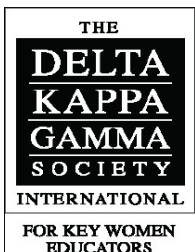
SEE Chapter Report Form Support for Early-career Educators

Date _____ Chapter _____ Chapter President _____ Email _____

Chapter member responsible for this form _____ Email _____

Member's name	Teacher, School or District	How did you help?	No. of Hours
Total number of volunteer hours			

Submit this form to State SEE Rep by **February 1** of each year. (See your chapter yearbook for her contact information)



MISSISSIPPI STATE ORGANIZATION

State Officer Chapter Visit Request Form

Complete this form and send it to the state president.

Chapter Requesting Visit _____ District _____

Name and position of officer whom you are asking to visit _____

Contact Person _____

Address _____

Phone _____ Email _____

Meeting Date Requested First Choice _____

Second Choice _____

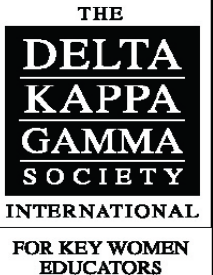
Third Choice _____

Time of Meeting _____

Officer is to (Please circle number for request)

1. () Visit the group only
2. () Install officers
3. () Conduct Induction Ceremony
4. () Speak to the group concerning _____

Address and directions to meeting location



MISSISSIPPI STATE ORGANIZATION

WOMAN OF DISTINCTION

Chapter _____ District _____

Name _____

Years in Delta Kappa Gamma _____

In 50 words or fewer, list five bullets of information describing your Woman of Distinction and her contributions to Delta Kappa Gamma and education. **Submit a color photo of your Woman of Distinction.**

Chapter President _____

Address _____

Phone _____

Email _____

Must be postmarked or emailed no later than December 1, addressed to the State Personal Growth and Services Representative

(See chapter yearbook for name and address of state Personal Growth and Services Representative.)

MISSISSIPPI STATE ORGANIZATION YEARBOOKS

DEADLINE: December 1, 20__

CHAPTER _____ Chapter President _____ Date Submitted _____

District: Please circle Northern Central Southern

Officer/Member responsible for the yearbook in this chapter:

Name _____

Address _____ Email _____

City, Zip _____ Phone _____

Criteria: For your chapter to receive recognition for your yearbook, **all** items must be present and current. If mailed, yearbooks **must be bound or stapled**, their pages **must be numbered**, and the mailing must be postmarked or emailed no later than December 1.

Required items: Give the page number of required items in the appropriate column. **Mail or email one copy of your yearbook and this completed form to state first vice president** (See your chapter yearbook for her name and contact information. [Other officers to whom the yearbook is sent {state president, your district director, state executive secretary, and state recording secretary} do not need a copy of this form.])

Required Item	Page Number	Item Present (completed by state first vice president)
International Information		
1. List of International Founders		
2. Purposes of the Society and Mission Statement		
State Information		
3. List of Mississippi State Organization Founders		
4. State officers, including <i>Zeta Data</i> Editor, MSO Webmaster, district and assistant district directors (with mailing and email addresses and telephone numbers)		
5. State president's theme and goals for the biennium		
6. State committee chairmen & EEC Work Area Representatives (with mailing and email addresses and telephone numbers)		
7. Chapter presidents with addresses by districts (Provided by state executive secretary)		
8. Chapter charter members (Note deceased with *)		
9. Chapter officers		
10. Chapter committee chairmen and committee members		
11. Updated list of chapter Women of Distinction with years of recognition		
12. Updated list of chapter Red Rose recipients with years of recognition		

Chapter Information

<p>13. Chapter programs: (All items required)</p> <ul style="list-style-type: none"> • Hostesses • Dates • Places • Times • Theme-Related to one of the 7 Purposes 		
<p>14. Chapter membership (All items required)</p> <ul style="list-style-type: none"> • Name • Date of Induction • Address (include email if possible) • Phone number • Place of work or retired 		
<p>15. Collect</p>		
<p>16. Songs (Minimum 2 – words only) Required:</p> <ul style="list-style-type: none"> • “The Delta Kappa Gamma Song” • “Delta Kappa Gamma Are We” • Others, Optional 		
<p>17. Dates to Remember (include chapter, district, state, regional, and international for current chapter year—July 1 through June 30)</p>		
<p>18. Chapter Rules</p>		
<p>19. Mail or email COMPLETE copies to the following:</p> <ul style="list-style-type: none"> • 1 copy to the state president • 1 copy and completed evaluation form to state first vice president (state Educational Excellence Committee Chair) • 1 copy to your district director • 1 copy to the state executive secretary • 1 copy to the state recording secretary 	<p>Indicate Date Mailed</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Optional items suggested in the chapter yearbook

SUGGESTED ITEM	PAGE NUMBER
1. International Administrative Board (Provided by state executive secretary)	
2. International Staff/ Address (Provided by state executive secretary)	
3. Dedication of yearbook	
4. In Memoriam	
5. Special projects	
6. Symbols of the Society	
7. Inspirational quotes	
8. Member photos	
9. Grade level or subject taught	
10. If retired, where the member taught or subject area	
11. Spouse or next of kin	
12. Member Identification Number on Membership Card	
13. List of chapter's National Board Certified Teachers	
14. Recipients of chapter grant-in-aid and/or scholarships	
15. List of chapter members serving at the state and/or International level	
16. State Honorary Members	
17. List of chapter members who have attended the State Leadership Management Seminar & the year each attended	
18. List of members of the Order of Magnolia (name/contact info)	



Recommendation for Membership

Instructions:

Please complete and return this form to the appropriate level Membership Committee. For information about qualifications for membership in The Delta Kappa Gamma Society International, refer to sections on membership in the *Constitution* and the *International Standing Rules*. Mississippi State Organization uses this form in lieu of International's Chapter Member Information Form.

Type of membership: (check one)

Chapter Active _____ Chapter Honorary _____ Collegiate _____ State Honorary _____ International Honorary _____

Name of person recommended: _____
(title) (first) (middle) (last)

(Street, Route, P.O. Box)

(City) (State and Country) (ZIP/Postal Code)

Email address

(_____) _____
Preferred Telephone Number

Prospective Active Member

Current position title: _____

Employer: _____ **Total years as professional educator:** _____

Highest educational degree granted: _____ **Year:** _____ **Field:** _____

Prospective Collegiate Member

Name of Educational Institution: _____

Anticipated year of graduation: _____

What do you want others to know about you as an educator or future educator?

What else do you want others to know about you? (Such as personal interests, hobbies, community involvement, etc.)

Endorsed by one or more members:

Signature Chapter State Date

Required _____

Optional _____

Optional _____ 1/15/2021
11/15/2021 pjw



Transfer Request

The transferring member is responsible for completing this form. Please read carefully the instructions given below before completing the form.

Date _____ Member ID number: _____

Name: _____
(Title) (First) (Middle) (Last)

Mailing Address: _____
(Street, Route, P.O. Box)

(City) (State) (ZIP) (Country)

Preferred Email Address: _____

Telephone Numbers: (Home) _____ (Cell) _____

Employment location: (city and state) _____

Former mailing address: _____

Type of membership: Active Reserve Honorary Collegiate

Highest Degree: Bachelor Masters Doctorate NBC Other

Date of birth: (optional) _____

Name of chapter to which dues were last paid: _____ Date of payment: _____

Name of chapter FROM WHICH TRANSFER IS REQUESTED _____ State of _____
Name of chapter TO WHICH TRANSFER IS TO BE MADE _____ State of _____

Please give this completed form to the treasurer of the chapter to which you wish to transfer. She will initiate the transfer through the dues portal.



Transfer Letter from Chapter President

Date: _____

To: _____

President of _____ Chapter

A member of our chapter is moving to your area, and she would like to maintain her affiliation with the Society. She has a transfer form and has been informed that it is her responsibility to connect with the chapter treasurer to complete the transfer. However, we would like to make this process as easy as possible for her.

Please contact this member and invite her to one of your chapter meetings. I know she is interested in making new friends, and your chapter will be a wonderful place to start! We are very eager for her to find a new chapter and transfer promptly so that she will continue her membership in our Society. I am including her name and the information you will need to contact her.

Name: _____

Address: _____

(City)

(State/Country)

(Zip/Postal Code)

Telephone: _____

Email: _____

Thank you for your assistance!

Sincerely yours,

(Chapter President/Membership Committee Chair)

(Street)

(City)

(State/Country)

(Zip)

(Chapter)

(Telephone)

(E-mail)Form TR-19



Report of the Death of a Member

This report is to be prepared by the chapter president immediately upon the death of a member. A copy is to be sent to each of the following:

- Member Services Administrator, Email: mem@dkg.org
- State Organization Treasurer
- State Organization Membership Chair (or Necrology Chair where applicable)
- State Organization President

Chapter _____ State (Geographic Name) _____

DKG Member Identification Number _____ Date of Death _____

Name of Deceased Member Dr. _____
(First) (Middle) (Last)

Mailing Address _____

_____ (City) (State) (Zip/Postal Code)

_____ (Country)

Delta Kappa Gamma and Professional Information

Date of Induction _____

Contributions to/participation in Delta Kappa Gamma:

Contributions to education:

Name and address of closest relative (specify relationship) or friend:
(Sympathy Card will be mailed on behalf of the Society if reported within 3 months of date of death)



The Delta Kappa Gamma Society International

Chapter Necrology Report 20__ Annual Report Due February 1, 20__

This form is required each year whether your chapter has lost members to death or not.

DIRECTIONS:

Send one copy to each of the following:

1. State Organization **Membership Committee** Chair or Necrology Chair
2. State Organization **President**
3. State Organization **Treasurer**
4. Chapter **Membership File** and **Chapter Treasurer**

Note: Information from this report will be compiled by your state organization chair to be shared and submitted to the international chair. Copies may be duplicated before mailing.

Greek Name of Chapter (e.g., Alpha)	Geographical Name of State Organization and District Mississippi District _____	Date of Report
Name of Chapter Membership/Necrology Committee Chair		E-Mail Address

1. Number of deceased members since last year's report: _____ **NOTE:** If you have not already submitted **International Form 6**, the Death of a Member Report, for the deceased member, that form should be completed and sent with this Necrology Report.
2. List alphabetically all deceased members. Please print or type—last name first. Use additional page if necessary. (We use this to verify our records)

ID Number	Last name, First Name	Address	Date of Death



Reinstated Member Form

Reinstated Member: Please contact your chapter treasurer to pay your dues upon completion of this form.

Chapter Treasurer: Please reinstate this member in the dues portal and send this form to your state organization treasurer as soon as possible.

Member ID#: _____

First Name Middle Name or Initial Last Name

Mailing Address

City State/Province Zip/Postal Code

Country (e.g., USA, Sweden) Preferred Phone Number

Date of Birth, optional (mm/dd/yyyy)

Chapter of Reinstatement State Organization (Geographic Name)

If former chapter is different, please specify former chapter and state organization.

Preferred Email: (Institutional emails are often blocked; please use a home email or add "dkg.org" as a trusted site.)

Date of Induction (mm/dd/yyyy) Date of Reinstatement (mm/dd/yyyy)

Membership Status: Active Reserve Collegiate

Degrees held: Bachelor Master Doctorate Other _____

Chapter Treasurer's Name (If submitted by treasurer)