

**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
CHI STATE**

CONTINUING EDUCATION RECOMMENDATION FORM

Date: _____

NAME OF APPLICANT _____

1. How long have you known the applicant? _____

2. How do you view the applicant in terms of commitment and service to the Society?

3. Additional Comments _____

Are you the current _____ or previous _____ chapter president? (Check one)

Signature: _____

Name: _____

Address: _____

City: _____ Zip _____

Chapter _____ Area _____

Send to Chi State Scholarship Chairman postmarked by June or December