

**Nichols Memorial Grant**  
**Delta Kappa Gamma Society International**

1. Each grant is to be awarded to a woman who is a graduating high school senior or is presently enrolled in college and is planning a career in the field of education.
2. Women residing in Edwards, Hamilton, Wayne, White, and Clay counties may apply for the Nichols Memorial Grant. The grant of \$1500 will be awarded to two applicants. Recipients will receive the award in two installments - the first will be paid in September and the second in January.
3. Applicants must use the official application for the Nichols Memorial Grant.
4. Recipients of each grant will be notified and should plan to attend the **May 1, 2021** meeting of the Gamma Upsilon Chapter.
5. Application materials for the **Nichols Memorial Grant** must be postmarked by April 1, 2021, at the following address:

**Mrs. Brenda Rush**  
**814 County Highway 6**  
**Fairfield, IL 62837-4337**

6. To be considered, the applicant must have at least a "B" average and must submit the following application materials:
  - a. Application form.
  - b. Transcript of high school credits **and** college credits (if applicable), ACT and/or SAT scores, grade point average, and class rank.
  - c. Statement from applicant (300 words) telling of her background, experiences, school activities, community involvement, honors and achievements, and educational plans.
  - d. References:
    1. One letter of recommendation from a school official or teacher.
    2. One letter of recommendation from an individual outside the school.
7. **Because this is a grant fund given specifically to aid those completing educational majors, an individual who changes her major from the field of education or who does not complete degree requirements within five years, will be expected to repay money received from this grant.**
8. If you have questions, please contact Brenda Rush at [gammaupsilonsisters@gmail.com](mailto:gammaupsilonsisters@gmail.com).

**Delta Kappa Gamma Society International  
2021 Nichols Memorial Grant Application**

Applicant's Name: \_\_\_\_\_  
(Last) (First) Middle/Maiden

Parents' Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street or Route

\_\_\_\_\_ City Zip Code County

Phone Number: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year

Place of Birth: \_\_\_\_\_

Schools Attended: \_\_\_\_\_  
High School City

\_\_\_\_\_ College (If applicable) City

Number of Students In Your High School Graduating Class: \_\_\_\_\_

Rank In Class: \_\_\_\_\_ SAT/ACT Composite Score: \_\_\_\_\_

As of May 2021,  
\_\_\_\_\_ Graduating Senior OR \_\_\_\_\_ Full-Time College Student

Submit Materials to:  
Brenda Rush  
814 County Highway 6  
Fairfield, IL 62837-4337

**Materials must be postmarked by April 1, 2021**