2027-29 Application Outline for TSO Elected Officer

Deadline: <u>January 01, 2027</u>. Email submission is preferred.

The application should include:

- completed responses to all sections of the outline
- letter of endorsement by applicant's Executive Board and/or chapter (may be sent separately)
- digital image of applicant

<u>Please use the following outline when submitting the required information.</u>

1. Applicant Information:

Name of applicant (Dr., Miss, Mrs., Ms.):

Complete address with zip code:

Telephone numbers: cell home

Email address:

Current Chapter: Area: Date of induction:

2. I am applying for the position of

3. I am interested in serving in this leadership position because (300 words or less)

4. The experience I have to serve in this position is (300 words or less)

5. Would you consider a different office? If Yes, please rank them in order of preference:

1st Vice President **2nd Vice President**

Recording Secretary **Corresponding Secretary**

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6. DKG experience: (List all offices and committee appointments beginning with most current position, using the following column headings under each sub-head listed below. Please be specific with all information giving years and locations.)

Chapter Experience: Year, Position, Responsibility

Area, State, ASTEF Experience: Year, Position, Responsibility

International Experience: Year, Position, Responsibility

7. Number of events attended:

a) Area Workshop / Regional Conference	
b) State Convention	
c) International Conference (formerly Regionals in odd years)	
d) International Convention (even years)	

8. Delta Kappa Gamma awards, honors, and scholarships

a) Chapter

b) State

c) International

9. Academic background (Begin with most recent: degrees, dates, institutions conferring)

10. Professional education experience (Begin with most recent assignment)

11. Community and organizational service involvement and honors (other than DKG)

12. I have the following technology skills (check all that are applicable)

Email_____ Text _____ Google Docs _____ Zoom _____ Social Media _____ Apps _____

13. Presidential applicant <u>may</u> list choice of applicant for Corresponding Secretary

Name of applicant (Dr., Miss, Mrs., Ms.):

Complete address with zip code:

Telephone numbers: Cell Home

Email address

Current Chapter Area

Applicant's signature (can be electronically signed):

Chapter: **Date:**

Submit to: **Judy Evans, TSO Nominations Chair Email:** **nominationstso@gmail.com**
Any questions, please call 806-239-6774

NOTE: If this applicant is selected for a state level position, she must agree not to disclose this fact for 24 hours after notification to anyone except her immediate family.

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