LEADERSHIP SEMINAR 2027 APPLICATION

TEXAS STATE ORGANIZATION
THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL

Dream Lead Achieve
February 5-7, 2027
Pflugerville, Texas

- Download the application and complete it on your computer.
- Submit the application with as much detail as possible.
- Chapter President's recommendation must be submitted with this application.
- If the applicant is the current Chapter President, use a recent Past Chapter President for the recommendation.
- Save the document as the applicant's last name (Smith Application), and send the application and Chapter President's Recommendation Form (Smith Recommendation) together electronically.

Return Leadership Seminar Application and President's Recommendation form to:
Leadership Chair: Ella Gauthier
dkgleadershiptso@gmail.com
(281) 788-8692 – cell

Application and recommendation must be emailed no later than October 15, 2026.
Notification will be sent by December 1, 2026.

APPLICANT DEMOGRAPHIC INFORMATION

Last Name:
First Name:
Middle Initial:
Street Address:
City:
Zip Code:
Preferred Phone (###) ###-###:
Personal Email:
Present DKG Chapter:
Area:
Date of Initiation/Induction into Society:
Have you applied for the TSO Leadership Seminar previously: ☐ **Yes** ☐ **No**
If so, when?

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

DKG ATTENDANCE

Please list conventions, events, and meetings attended by year, beginning with the most recent. Entering recurring events as a single item and then listing years attended is allowable.

Area	Dates

State	Dates

Regional (before 2019) or International Conference	Dates

International Convention	Dates

DKG INVOLVEMENT

Involvement includes offices held, committee participation, and service (workshop presenter, facilitator, etc). Please begin with the most recent information.

Chapter	Dates

Area	Dates

State	Dates

International	Dates

Honors and Recogntion in the Society	Dates

PROFESSIONAL EXPERIENCE

Please begin each entry with the most recent information.

EDUCATION

Institution	Degree/Certificate	Date Conferred

PROFESSIONAL WORK EXPERIENCE

Employer	Assignment	Dates

PROFESSIONAL ORGANIZATIONS AND INVOLVEMENT (Define acronyms and initials)

Organization Name	Responsibility/Assignment	Dates

COMMUNITY INVOLVEMENT

Organization	Responsibility/Assignment	Dates

HONORS/RECOGNITIONS FROM PROFESSIONAL & COMMUNITY ORGANIZATIONS

Recogntion	Organization	Date

IMPACT STATEMENT

Write an impact statement (not to exceed 250 words) that explains why you want to attend the Texas State Organization Leadership Seminar and how you will use the knowledge and skills gained from this experience to impact the Society, TSO, your workplace, and/or community.

I sign or type my name below to certify the information provided in this application is complete and correct.

NAME: