

# Kappa Delta Pi, International Honor Society in Education

## *New Community College Chapter Application Form*



### ***Application for New Collegiate Chapter Checklist:***

- Before completing this application, contact Laura Marcou, Chapter Operations Coordinator, at Headquarters at 317.829.1529 or 800.284.3167
  
- Complete all questions on this application (all fields required)
- Provide Institution catalogs describing Teacher Education Program(s)
- Include at least two letters of support from campus administrators (e.g., University/College Dean, School of Education Dean/Chair, President or Provost)
- Include \$500 one-time installation fee (check or money order)
- Postmark to:

Kappa Delta Pi  
Chapter Services/Chapter Development  
3707 Woodview Trace  
Indianapolis, IN 46268-1158

***\*Please note: Application will not be processed until all items listed above are received.***

**New Chapter Application Form**  
Kappa Delta Pi, International Honor Society in Education

1. **Name of Institution** \_\_\_\_\_

2. **Address of Institution** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Date Application Submitted** \_\_\_\_\_

4. **Tentatively Proposed Date for Installation Ceremony** (the first initiation of new members signifying the official beginning of the chapter - *Please plan for a Saturday or Sunday at least 6 months from application submission to allow for application processing and development of chapter*)  
\_\_\_\_\_

5. **Contact Person** \_\_\_\_\_  
(Prefix) (First) (Last)  
Address \_\_\_\_\_  
(Street) (City) (State) (Zip)  
Title \_\_\_\_\_ Office Phone \_\_\_\_\_  
Department \_\_\_\_\_ Home Phone \_\_\_\_\_  
E-mail \_\_\_\_\_ Fax \_\_\_\_\_

6. **Chapter Counselor/Advisor** (if different than contact) \_\_\_\_\_  
(Prefix) (First) (Last)  
Address \_\_\_\_\_  
(Street) (City) (State) (Zip)  
Title \_\_\_\_\_ Office Phone \_\_\_\_\_  
Department \_\_\_\_\_ Home Phone \_\_\_\_\_  
E-mail \_\_\_\_\_ Fax \_\_\_\_\_  
Educational Background \_\_\_\_\_

7. **Associate Counselor/Advisor** \_\_\_\_\_  
(Prefix) (First) (Last)  
Address \_\_\_\_\_  
(Street) (City) (State) (Zip)  
Title \_\_\_\_\_ Office Phone \_\_\_\_\_  
Department \_\_\_\_\_ Home Phone \_\_\_\_\_  
E-mail \_\_\_\_\_ Fax \_\_\_\_\_  
Educational Background \_\_\_\_\_

8. **Why are you/your institution interested in chartering a chapter of Kappa Delta Pi on your campus?**

9. **What goals would you like to achieve by chartering this chapter?**

10. How do you plan to approach the responsibilities of a New Chapter (outlined on the KDP Website) in the first year of chartering a chapter?

11. Institutional Characteristics

A. SUPPORT

\_\_\_\_\_ Public supported

\_\_\_\_\_ Private Church-related

\_\_\_\_\_ Private, non-church related

\_\_\_\_\_ Independent, church-related

B. STUDENT BODY (please check all that apply)

\_\_\_\_\_ Primarily commuter

\_\_\_\_\_ Traditional Students

\_\_\_\_\_ Primarily residential

\_\_\_\_\_ Nontraditional Students

C. Date institution founded \_\_\_\_\_

12. Institutional Accreditation

A. \_\_\_\_\_ Date of initial accreditation of institution by the regional and/or national accrediting association.

B. \_\_\_\_\_ Date of most recent accreditation of institution by the regional and/or national accrediting association.

C. Name of regional and/or national accrediting association \_\_\_\_\_

D. Teacher Education program currently accredited by:

\_\_\_\_\_ NCATE Date \_\_\_\_\_

\_\_\_\_\_ State Agency Date \_\_\_\_\_

\_\_\_\_\_ Other Date \_\_\_\_\_

13. Institution enrollment as of most recent fall semester, quarter, or term, including full- and part-time students (approximately): \_\_\_\_\_.

14. Number of students in teacher education and other professional education programs as of the most recent fall semester, quarter, or term, including full- and part-time students, is \_\_\_\_\_.

15. At what point are students able to be admitted into the College of Education?

16. Number of faculty members employed by the institution:

A. \_\_\_\_\_ Full-Time

B. \_\_\_\_\_ Part-Time

C. \_\_\_\_\_ Total

17. **Number of full- and part-time faculty members in the education unit whose highest earned degree is the following:**

	<u>Full-Time</u>	<u>Part-Time</u>	<u>Total</u>
Bachelors	_____	_____	_____
Masters	_____	_____	_____
Doctorate	_____	_____	_____

18. **List organizations on your campus whose memberships primarily include teacher education students.**

19. **Briefly describe unique institutional or teacher education programs, projects, and/or activities that encourage or enhance scholarship.**

20. **Are you aware of faculty and/or staff who are members of Kappa Delta Pi and who will serve as chapter members and/or mentors?**

21. **What is the level of support on your campus for starting a chapter of Kappa Delta Pi? Please speak to the willingness of other faculty members to assist with leadership responsibilities.**

**(over)**

***This institution, if granted a Kappa Delta Pi charter, understands the following bylaws requirements for maintaining a chapter:***

- ◆ Hold at least two meetings during the year, which is July 1 – June 30. At least one meeting shall include an initiation.
- ◆ Send a representative to at least one Society meeting (Convocation, Leadership Forum, or other conference) over the course of four years.
- ◆ File required annual reports no later than August 1.
- ◆ Elect chapter officers no later than July 1.
- ◆ Submit new member information and the \$39.00 annual membership dues for *each new member* to Society Headquarters within two weeks of initiation.

*Signature of Dean of Education/Division Head* \_\_\_\_\_

*Printed Name of Dean of Education/Division Head* \_\_\_\_\_

*Title* \_\_\_\_\_

*Address* \_\_\_\_\_

*Office Phone* \_\_\_\_\_

*Date* \_\_\_\_\_

*Signature of Chapter Counselor/Advisor* \_\_\_\_\_

*Date* \_\_\_\_\_