Alpha Kappa State
Margaret Croft Fund Application

Date:_______________

Applicant’s Name:______________________________________________________________

Chapter:_____________________________ Date of Initiation:_______________________

CATEGORY: (check one)

____ Award

____ Loan

____ Publication of a paper

____ Extenuating circumstances -- Explain:________________________________________

_____________________________________________________________________________________

Rationale for Application:

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Application Submitted by:  _______________________________________________________________
Approval of Chapter President: This can be an accompanying letter of support approving this application form. Guidelines stipulate that an applicant must have been a contributing member of her chapter for at least two years; her proposed objectives for the use of the funds, if granted, must be consistent with the Purposes of the Delta Kappa Gamma Society International and must be for her personal growth and education or for professional development.

Action taken by Croft Committee of Alpha Kappa State: