

**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:

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:
