

Application Form
Lambda State Foundation for Educational Studies, Inc.

I. Background Information

- A. Applicant's Name and Chapter:
- B. Address, City, State, Zip Code:
- C. Phone and E-mail Address:
- D. Present Employment (title, affiliation):
- E. Years in Education: _____ Years in Delta Kappa Gamma: _____
- F. Society Involvement (all levels):
- H. Date of This Application (mm/dd/yyyy): _____

II. Project

- A. This Project is primarily ☐ Individual ☐ Chapter ☐ Coordinating Council
(Check only one)
- B. Years & Titles of Previous Stipends: Individual:
Chapter:
Coordinating Council:
- C. Project Director's Name:
- D. Project Title:
- E. Brief Description (no more than three sentences):
- F. Does this proposal build on a previously funded project, perhaps with differences? ☐ Yes ☐ No
If YES, what previous project (include year) and how will this project be extended?
- G. Project Goals
1. Estimated number of people to be impacted: _____
 2. Procedures:
 3. Desired outcomes:

H. Strategies to accomplish goals

1. Closely estimate the number of chapter members contributing **time** to this project: _____
Total number of members in chapter: _____
2. Describe any non-monetary involvement of DKG and/or community people in this project:
3. Indicate your timeline for planning, executing, and evaluating this project:
4. Please list any additional information, particularly anything limiting, which may be necessary for a full understanding of the project by an individual, uninvolved reviewer:
5. List the items (pictures, news articles, anecdotal comments) you expect to provide for us **in addition to** the Self Evaluation Form available with this application.

III. Budget Information

A. Total cost of project \$ _____

Please explain this total cost by itemizing in detail the required materials and/or services needed for the project and indicating the cost for each item. Form may be expanded to include more than 4 items. List components in priority ranking, with #1 being the highest priority.

Priority Rank	Materials/Services	Cost
1		
2		
3		
4		

B. Projected amount of financial assistance available from your chapter: _____

C. Estimated amount of financial assistance available from community organizations, itemized to show sources and amounts:

D. Requested amount of stipend from the Educational Foundation: _____

E. Is the total of B, C, and D equal to A? If not, please explain.

F. Date funding is needed: _____

G. Would you accept partial funding? ☐ Yes ☐ No
If Yes please indicate, briefly, how you would adjust your plan.

IV. References

- A. List the name, address, phone, and e-mail of three persons providing references. One must be the applicant's chapter president. One should be someone familiar with the project but outside the DKG community. One may be anyone of the applicant's own choosing.
1. Chapter President:
 2. Someone outside the DKG community:
 3. An individual of the applicant's own choosing:
- B. Please save a copy of these three letters of reference as word documents and attach with the Application Form. NOTE: your electronic email to Jan Ellen Shawgo, Foundation Secretary (chisoxfan_13@comcast.net) MUST include the application and letters of reference. Word documents is the preferred format

5/18 bam