

The Delta Kappa Gamma Society International

Alpha Iota State's Kathy Cashen Award

Application for Partial Reimbursement of Expenses For First-timers Only For the Northeast Regional Conference

Date and Location of Current Conference

Name _____

Address _____
Street, P.O Box City State Zip

Daytime Phone _____ Evening Phone _____

Chapter _____ Email _____

The amount of each grant will depend on the number of applicants (limited to one per chapter) and the amount of money donated to Alpha Iota State in memory of Kathy plus the money raised by the fifty-fifty raffles at Alpha Iota State's most recent Fall Workshop and State Convention. Applicants will be notified by June 1, of the amount of each grant and of the process for obtaining the award.

Application Deadline: April 1

___ I certify that I have **NOT** attended a Northeast Regional Conference.

I understand these conditions and plan to attend the current year's Northeast Regional Conference.

Applicant's Signature

Understanding that the state Scholarships/Grants Committee will accept only one applicant from each chapter, I endorse this application.

Chapter President's Signature

Phone

Return completed application to:

Gloria Fisher, Chair
State Scholarships/Grants Committee
1207 Fitch Street
Albion, MI 49224
517-629-7670
dkg.gloria@gmail.com