

The Delta Kappa Gamma Society International  
Alpha Iota State's Katherine Keeling Memorial Grant Application

***Personal Data***

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street, P.O Box                      City                      State                      Zip

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

***Society Information***

Chapter \_\_\_\_\_ Date of Initiation \_\_\_\_\_

*In the space provided, describe participation in Delta Kappa Gamma at the chapter level. Include offices, committee assignments, service and any other significant responsibility.*

Dates	Position/Participation

***Proposal***

Describe your proposed professional development training using the following headings:

1. Description of proposed training.
2. What do you expect to learn?
3. How will you use the information to impact your work and involvement in your school and/or community?
4. Anticipated budget requirements (up to \$500 is awardable)
5. Additional funding source, if any

***Proposal (continued)***

If I receive the Katherine Keeling Memorial Grant, within sixty days of completing the authorized project, I agree to submit to Delta Kappa Gamma, Alpha Iota State:

- verification of expenditures (including receipts and invoices) covered in the award.
- a summary report of participation in the professional development/advocacy activity.

**Application Deadline: April 1**

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Applicant's Signature

Date: \_\_\_\_\_

Return completed application to:

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