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**