

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

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