** ** Application for

 **ENRICHMENT GRANT**

 **ALPHA ALPHA STATE**

 **THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL**

Please print or type all information

|  |  |
| --- | --- |
|  |  |
| Name (Dr., Mrs., Miss, Ms.) |  | Date of Birth | Telephone |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address |   |  City | State | Zip |
|  \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Email Address Chapter Date of Initiation

**TEACHING EXPERIENCE RECORD**

District, State Position Subject Years Certificate Held

**USE OF ENRICHMENT GRANT**

State your intended use of this grant:

When do you plan to use this award? (Date)

The total cost will be: $

Are you a past scholarship/enrichment grant recipient? Yes No

Grant/Scholarship Amount Received: Year(s)\_\_\_\_\_\_\_\_\_

If applicant was past recipient, did you provide a report to “Spotlight on Scholarship” published in the Keystonian? Yes\_\_\_\_\_ No\_\_\_\_\_

If applicant was past recipient, did you attend State Convention/Executive Board Meeting to receive Scholarship/Enrichment Grant? Yes \_\_\_\_\_ No \_\_\_\_\_

If applicant was past recipient, did you provide a curriculum vitae and photo to Alpha Alpha Scholarship Committee for its Historical Records? Yes\_\_\_\_\_ No\_\_\_\_\_

Enrichment Grant Amount Received for:

Elderhostel Program for Continuing Education

Year

Travel/Study

Year

Approved Individual Project, Research Project of Presentation of Paper

Year

|  |
| --- |
| **SOCIETY PARTICIPATION** |
| Number of years in Delta Kappa Gamma  |
| Percent of chapter meetings attended yearly |
| (Specify approximate number State Convention/Exec. Board Meetings |  |
| you attended since initiation) |  International/Regional Conferences |  |
|  |  Area Conferences |  |

**CHAPTER RECOMMENDATION**

The Executive Board of

Applicant,

State Enrichment Grant.

Chapter recommends that this

\_be considered for an Alpha Alpha

Chapter President Signature: Date:

Chapter Comments:

**I. DELTA KAPPA GAMMA INVOLVEMENT**

1. Most significant offices, committee assignments, and other services.

(Begin with most recent).

1. Chapter Level

 Year Position

1. State Level

 Year Position

1. International Level

 Year Position

**II. PROFESSIONAL INVOLVEMENT**

1. Memberships and Offices held in Professional Organizations

 Dates Organization Involvement

B. Other job related activities:

C. Honors, Awards, Scholarships, and Publications:

 Dates Title/Nature of Award

**III. COMMUNITY INVOLVEMENT**

1. Memberships and Offices Held in Community Organizations

 Dates Organization Involvement

B. Community Awards, Honors, etc.

**IV. LETTER OR INTENT**

Please attach a letter describing your planned activity, your professional and personal goals and your reasons for applying for an enrichment grant/scholarship. Include how you plan to use this award and the skills acquired. State whether you expect to receive aid from any other source or sabbatical pay during the year of the award for which you are applying.

If I am a recipient of a scholarship/enrichment grant, I agree to:

a. Remain an active member of the Delta Kappa Gamma Society International. b. Pursue the course of study or project as specified in my application.

c. Acknowledge Alpha Alpha State in the doctoral dissertation or other publications written while receiving scholarships/enrichment grant funds.

d. Provide a report for the "Spotlight on Scholarship" published in the *Keystonian*

e. Attend the State Convention/Executive Board Meeting to receive my scholarship/

 enrichment grant.

My signature certifies that all information in this application is accurate:

 Signature Date

**THIS APPLICATION MUST BE POSTMARKED BY FEBRUARY 1 AND SENT TO:**

**Lois Brown**

**2458 Raleigh Drive**

**Lancaster, PA 17601-2950 (717) 569-4984**

Applications with postage due will be returned to sender by the post office.