**2020**

 **ENRICHMENT GRANT APPLICATION**

 **PENNSYLVANIA STATE ORGANIZATION**

 **THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL**

**Type all information in the application**

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

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 Street City State Zip

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E-mail 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 Enrichment Grant recipient? Yes \_\_\_No\_

Grant 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 Enrichment Grant? Yes \_\_\_\_\_ No \_\_\_\_\_

If applicant was past recipient, did you provide a curriculum vitae and photo to the PA State Organization 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 or Paper

Year

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

**CHAPTER RECOMMENDATION**

The Executive Board of Chapter recommends that this

Applicant, be considered for a Pennsylvania State Organization Enrichment Grant.

Chapter President Signature: Date:

Chapter Comments: (Must be included and typed)

**I. DELTA KAPPA GAMMA INVOLVEMENT**

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

(Begin with most current).

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

(Begin with the most current.)

 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

(Begin with the most current.)

 Dates Organization Involvement

B. Community Awards, Honors, etc.

**IV. LETTER OF INTENT**

Please attach a letter

* describing your planned activity,
* your professional and personal goals and
* your reasons for applying for an enrichment grant.

Include how you plan to use this award and/or 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 an 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 the PA State Organization in the doctoral dissertation or other publications written while receiving 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

 enrichment grant.

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

 Signature Date

**THIS APPLICATION MUST BE POSTMARKED BY FEBRUARY 1, 2020 AND SENT TO:**

**Susan Martin**

**PO Box 7455**

**York, PA 17404**

**(717) 840-1463**

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