** 2021**

 **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 Month/Day/Year

 Date of Initiation

**TEACHING EXPERIENCE RECORD**

## Begin with the most current

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: $

How much of this cost are you requesting? \_\_\_\_\_\_\_\_\_\_\_

Are you a past Enrichment Grant recipient? Yes \_\_\_\_\_\_No

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

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

If you were a past recipient, did you attend State Convention to receive your Enrichment Grant?

Yes \_\_\_\_\_ No \_\_\_\_\_

 If you were a past recipient, did you provide a curriculum vitae and photo to the PA State Organization Scholarship Committee for its Historical Records? Yes \_\_\_\_\_ No \_\_\_\_\_

If you were a past recipient, you received your Enrichment Grant for:

1. Classroom Enhancement Project \_\_\_\_\_ Year \_\_\_\_\_
2. Road Scholar Educational Program Travel \_\_\_\_\_Year \_\_\_\_\_
3. Travel Educational Study \_\_\_\_\_Year \_\_\_\_\_
4. Approved Individual Project/Study \_\_\_\_\_Year \_\_\_\_\_
5. Research Project/Presentation \_\_\_\_\_Year \_\_\_\_\_

**SOCIETY PARTICIPATION**

Number of years in Delta Kappa Gamma \_\_\_\_\_

(Specify below the number you attended since initiation)

Chapter Meetings \_\_\_\_\_

State Conventions \_\_\_\_\_

Art Retreats \_\_\_\_\_

Purposeful Seminar \_\_\_\_\_

International Conventions \_\_\_\_\_

International 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, typed, and signed)

**I. DELTA KAPPA GAMMA INVOLVEMENT**

1. Most significant offices, committee assignments, and other services. (If you have been a member for more than ten years, record only the positions held in the last ten years.)

**(Begin with most current)**.

1. Chapter Level

Position Year

1. State Level

Position Year

1. International Level

 Position

 Year

**II. PROFESSIONAL INVOLVEMENT**

1. Memberships and Offices held in Professional Organizations

(If you have been a member of DKG for more than ten years, record only the professional organizations and involvement in the last ten years.)

**(Begin with the most current.)**

 Organization Involvement Dates

B. Other job related activities:

C. Honors, Awards, Scholarships, and Publications:

 Title/Nature of Award Dates

**III. COMMUNITY INVOLVEMENT**

1. Memberships and Offices Held in Community Organizations

(If you have been a member of DKG for more than ten years, record only the community involvement in the last ten years.)

**(Begin with the most current.)**

 Organization Involvement Dates

B. Community Awards, Honors, etc.

**IV. LETTER OF INTENT**

Please attach a formal letter addressed to the Chair and Committee and include

* your planned activity and which of the seven DKG purposes it addresses,
* your reasons for applying for an enrichment grant,
* your professional and personal goals for using the award and/or skills acquired to share your experience and learning with your DKG Sisters and others.

State whether you expect to receive aid from any other source or sabbatical pay during the year 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 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 to receive my enrichment grant.

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

 Signature Date

**THE APPLICATION MUST BE POSTMARKED BY FEBRUARY 1, 2021 AND SENT TO:**

**Susan Martin**

### PA State Scholarship Chair

(Go to the PA State website directory for Susan’s contact information. Check with your Chapter president for the password for the directory.)