DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
ALPHA KAPPA STATE
MARGARET H. CROFT HONORARY FUND APPLICATION

DATE: ____________________________________________________________

APPLICANT’S NAME: ________________________________________________

CHAPTER: __________________________ DATE OF INITIATION: _____________

CATEGORY: (check one)

____ Award

____ Publication of a paper

____ Extenuating circumstances -- Explain: ____________________________

____________________________________________________________

RATIONALE FOR APPLICATION:

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APPLICATION SUBMITTED BY: _________________________________________

STATEMENT OF SUPPORT FROM CHAPTER PRESIDENT: Guidelines for awards
and publications stipulate that an applicant must have been a contributing member of her
chapter for at least five years and that her proposed objectives for the use of the funds, if
granted, must be consistent with the Purposes of The Delta Kappa Gamma Society
International. The funds must be utilized for her personal growth and education or for
professional development. There are no membership restrictions for extenuating
circumstances.

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ACTION TAKEN BY MARGARET H. CROFT HONORARY FUND COMMITTEE
OF ALPHA KAPPA STATE:

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