# **Stipend Application Form**

# **(Due May 1st or November 1st)**

# **Submitting application grants permission to Foundation to publicize pictures/content**

**Lambda State Foundation for Educational Studies, Inc.**

**I. Background Information**

* 1. Applicant’s Name and Chapter:
  2. Address, City, State, Zip Code:
  3. Phone and E-mail Address:
  4. Present Employment (title, affiliation):
  5. Years in Education: Years in Delta Kappa Gamma:
  6. Society Involvement (all levels):

H. Date of This Application (mm/dd/yyyy):

**II. Project**

1. This Project is primarily  Individual  Chapter  Coordinating Council

(Check only one)

1. Years & Titles of Previous Stipends: Individual:

Chapter:

Coordinating Council:

C. Project Director’s Name:

D. Project Title:

E. Brief Description (no more than three sentences):

F. Does this proposal build on a previously funded project, perhaps with differences?  Yes  No

If YES, what previous project (include year) and how will this project be extended?

G. Project Goals

1. Estimated number of people to be impacted:

1. Procedures:

3. Desired outcomes:

H. Strategies to accomplish goals

1. Closely estimate the number of chapter members contributing **time** to this project:

Total number of members in chapter:

1. Describe any non-monetary involvement of DKG and/or community people in this project:
2. Indicate your **specific** timeline for planning, executing, and evaluating this project:
3. Please list any additional information, particularly anything limiting, which may be necessary for a full understanding of the project by an individual, uninvolved reviewer:
4. List the items (pictures, news articles, anecdotal comments) you expect to provide for us **in**

**addition to** the Self Evaluation Form available with this application.

The Foundation Board will be reviewing your evaluation when submitted to assure that all listed evaluation tools are included. **Please note, no new application will be considered by the Board if a past evaluation is outstanding, for example: 1) beyond the due date of one month after completion of the project; 2) an incomplete evaluation that does not include the originally stated evaluation tools. If you have questions about or a problem with your evaluation, please contact the Board. Once the outstanding evaluation has been received, new applications can once again be considered.**

**III. Budget Information**

A. Total cost of project $

**Please explain this total cost by itemizing** **in detail** the required materials and/or services needed for the project and indicating the cost for each item**, e.g. titles of specific books, not just “books”**. Form may be expanded to include more than 4 items. List components in priority ranking, with #1 being the highest priority.

|  |  |  |
| --- | --- | --- |
| Priority Rank | Materials/Services | Cost |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |

##### B. Projected amount of financial assistance available from your chapter:

##### C. Estimated amount of financial assistance available from community organizations, itemized

to show sources and amounts:

D. Requested amount of stipend from the Lambda State Foundation for Educational Studies Inc : \_

E. Is the total of B, C, and D equal to A? If not, please explain.

F. Date funding is needed:

G. Would you accept partial funding? Yes  No

If Yes please indicate, briefly, how you would adjust your plan.

**IV. References**

1. List the name, address, phone, and e-mail of three persons providing references. One must be the applicant’s chapter president. One should be someone familiar with the project but outside the DKG community. One may be anyone of the applicant’s own choosing.

1. Chapter President (If the applicant is the chapter president, the reference letter shall be from the immediate past president or another chapter officer)

2. Someone outside the DKGcommunity:

3. An individual of the applicant’s own choosing:

1. Please submit your Application and the reference letters electronically in one email to Karen Parks, Secretary, twhit13@comcast.net. Microsoft Word documents are the preferred format. **Please use Foundation Application/Chapter Name or Individual Name as your subject in the email, e.g. Foundation Application/Alpha Nu.** You should receive a confirmation email for your submission within 48 hours. If you do not, please check the email address and submit again or contact the secretary directly.

**V**. **Guidelines**

A. Follow the **Guidelines for Stipends** **The Lambda State Foundation for Educational Studies,**

**Inc.** found on the Foundation tab.

B. Please note that if the terms of the stipend are not fulfilled within the time limit set by the stipend

application, the recipient will be required, upon notification from the Foundation, either to fulfill

the requirements as stated or to make full restitution by returning to the Foundation the amount of

the stipend granted.

5/10/22 cpm