



**The Delta Kappa Gamma Society International  
Alpha Iota State  
Katherine Keeling Memorial Grant Application**

**I. Personal Data**

Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**II. Society Information**

Chapter: \_\_\_\_\_ Date of Initiation: \_\_\_\_\_

*In the space provided, describe participation in Delta Kappa Gamma at the chapter level. Include offices, committee assignments, service and any other significant responsibility.*

| Dates | Position/Participation |
|-------|------------------------|
|       |                        |

**III. Proposal**

Describe your proposed professional development training using the following headings:

1. Description of proposed training.
2. What do you expect to learn?
3. How will you use the information to impact your work and involvement in your school and/or community?
4. Anticipated budget requirements (up to \$500 is awardable)
5. Additional funding source, if any.

**III. Proposal (continued)**

If I receive the Katherine Keeling Memorial Grant, within sixty days of completing the authorized project, I agree to submit to Delta Kappa Gamma, Alpha Iota State:

- verification of expenditures (including receipts and invoices) covered in the award.
- a summary report of participation in the professional development/advocacy activity.

**DEADLINE: APRIL 1**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return to: Olga Albert,  
State Scholarships & Grants Committee Chairman  
7444 Whites Bridge Rd  
Belding MI 48809  
616-794-3484