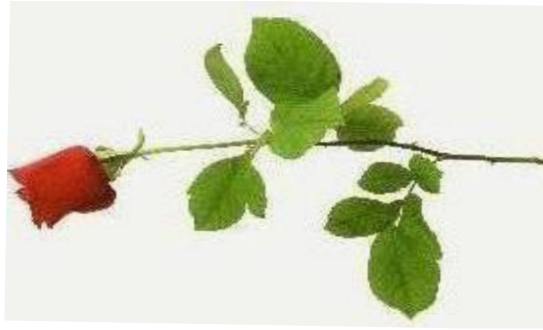


DKG Vermont Educational Enrichment Grant

CRITERIA

- 1. The Educational Enrichment Grant will allow other ways to use grant monies in addition to tuition. This grant may support members' participation in seminars, conferences, educational travel, research, Elderhostel, chapter service projects, para educator licensure, work designed to contribute to professional development as educators/para educators, or to their effectiveness in advocating and support of education, or other endeavors acceptable to the Scholarship Committee. A proposal for use of the money will be submitted by the applicant to the State Scholarship Chair.**
- 2. Amounts vary according to funds available and the number of grants awarded.**
- 3. No deadline for applying. Completed applications are evaluated as they are received. The Scholarship Committee along with the Treasurer need ample notice to review the applications and references to come to a decision.**
- 4. Three letters of reference are required, one being from the applicant's chapter president.**
- 5. It is expected that the recipient shall be available to share her experiences at such things as state meetings, state newsletter, chapter meetings, workshops, etc.**



DKG Vermont Educational Enrichment Grant

APPLICATION FORM

Return completed form to the State Scholarship Chair for review by the Scholarship Committee and State Treasurer. When necessary, provided answers on separate paper.

Applicant's Name _____ Date _____
Address _____

Home phone _____ Email _____

Teaching Status: Active _____ Retired _____

Your Alpha Lambda Chapter _____

Are your dues paid for current year? _____

Type of membership: _____

Number of years as a member of Delta Kappa Gamma _____ Have
you previously received any Delta Kappa Gamma grants? _____ If yes, state
the purpose _____
amount _____

Plans for Use of Grant: Describe your plans for use of this grant, how they support your professional goals. Attach descriptive or support literature applicable to this request. Use additional space as needed.

Time Frame: When will this grant be used? _____

Anticipated expenses _____

Amount requested by this grant _____

**Using additional space, briefly provide a summary of the following:
Education, work experience in education, travel as it relates to your
profession.**

**Memberships, Organizations, and Achievements: List services, offices held,
responsibilities, honors received, special recognition, publications,
achievements, etc. for Delta Kappa Gamma and other educational, civic, or
community organizations. Also list memberships or contributions in
scholarly, scientific, artistic, or other organizations.**

**List any other information or special conditions which you would like to have
the Scholarship Committee consider in reviewing your application.**

**References: Supply the State Scholarship Chair with three letters of
recommendation, one of which must be from the president of your chapter.**

SIGNATURE _____ **DATE** _____

Please address application materials to:

**Lorna Johnson
DKG Vermont Scholarship Chair
208 Maxfield Point
Newport Center, VT 05857**

802-673-8262 email lbj52@hotmail.com