

APPLICATION FOR THE ALPHA LAMBDA CHAPTER

DELTA KAPPA GAMMA MINI-GRANT

NAME OF APPLICANT

TELEPHONE NUMBER

WORK TELEPHONE:

EMAIL:

TITLE/PRESENT POSITION:

YEARS OF MEMBERSHIP IN DELTA KAPPA GAMMA:

OFFICES HELD, COMMITTEE WORK IN ALPHA LAMBDA CHAPTER:

PROVIDE EXAMPLES OF ACTIVE PARTICIPATION AND LEADERSHIP IN ALPHA LAMBDA.

CURRENT CERTIFICATIONS:

PROFESSIONAL ORGANIZATIONS:

DEGREES EARNED AND INSTITUTIONS OF LEARNING ATTENDED:

PROFESSIONAL RECOGNITIONS , AWARDS, AND GRANTS RECEIVED:

PARTICIPATION IN AND AWARDS AND HONORS RECEIVED FOR CIVIC, LOCAL, STATE, OR OTHER ORGANIZATIONS:

COMMUNITY SERVICE:

HAVE YOU PREVIOUSLY RECEIVED AN ALPHA LAMBDA SCHOLARSHIP AND OR MINI-GRANT?

GRANT TITLE:

BRIEF SYNOPSIS OF GRANT

ANTICIPATED BUDGET FOR THE GRANT. PLEASE ITEMIZE.

PLEASE SIGN THE FOLLOWING AND RETURN TO THE CHAIRPERSON OF THE SCHOLARSHIP COMMITTEE BY NOVEMBER 22, 2009.

WITHIN SIX MONTHS OF RECEIPT OF A GRANT, I WILL SUBMIT TO THE SCHOLARSHIP CHAIRPERSON, DOCUMENTATION OF MY EXPENDITURES AND A BRIEF SYNOPSIS . WITHIN THAT SIX MONTHS' TIME FRAME I WILL ALSO SHARE MY ACCOMPLISHMENTS AT A CHAPTER MEETING AND IN AN ARTICLE WRITTEN FOR THE CHAPTER NEWSLETTER

SIGNATURE OF APPLICANT :

DATE:

