



2020

ENRICHMENT GRANT APPLICATION
PENNSYLVANIA STATE ORGANIZATION
THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL



Type all information in the application

Name (Dr., Mrs., Miss, Ms.)	Date of Birth	Telephone
Street	City	State
E-mail Address	Chapter	Date of Initiation
		Zip

TEACHING EXPERIENCE RECORD

<u>District, State</u>	<u>Position</u>	<u>Subject</u>	<u>Years</u>	<u>Certificate Held</u>
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USE OF ENRICHMENT GRANT

State your intended use of this grant: _____

When do you plan to use this award? (Date) _____

The total cost will be: \$ _____

Are you a past Enrichment Grant recipient? Yes _____ No _____

Grant Amount Received: _____ Year(s) _____

If applicant was past recipient, did you provide a report to "Spotlight on Scholarship" published in the Keystoneian? Yes _____ No _____

If applicant was past recipient, did you attend State Convention/Executive Board Meeting to receive Enrichment Grant? Yes _____ No _____

If applicant was past recipient, did you provide a curriculum vitae and photo to the PA State Organization Scholarship Committee for its Historical Records? Yes _____ No _____

Enrichment Grant Amount Received for:

Elderhostel Program for Continuing Education _____ Year _____

Travel/Study _____ Year _____

Approved Individual Project, Research Project of Presentation or Paper _____ Year _____

SOCIETY PARTICIPATION

Number of years in Delta Kappa Gamma _____

(Specify approximate number
you attended since initiation)

State Convention/Exec. Board Meetings
International/Regional Conferences
Area Conferences

CHAPTER RECOMMENDATION

The Executive Board of _____ Chapter recommends that this
Applicant, _____ be considered for a Pennsylvania State
Organization Enrichment Grant.

Chapter President Signature: _____ Date: _____

Chapter Comments: (Must be included and typed)

I. DELTA KAPPA GAMMA INVOLVEMENT

A. Most significant offices, committee assignments, and other services.
(Begin with most current).

1. Chapter Level

Year

Position

2. State Level

Year

Position

3. International Level

Year

Position

II. PROFESSIONAL INVOLVEMENT

A. Memberships and Offices held in Professional Organizations (Begin with the most current.)

<u>Dates</u>	<u>Organization</u>	<u>Involvement</u>
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B. Other job related activities:

C. Honors, Awards, Scholarships, and Publications:

<u>Dates</u>	<u>Title/Nature of Award</u>
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III. COMMUNITY INVOLVEMENT

A. Memberships and Offices Held in Community Organizations
(Begin with the most current.)

<u>Dates</u>	<u>Organization</u>	<u>Involvement</u>
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B. Community Awards, Honors, etc.

IV. LETTER OF INTENT

Please attach a letter

- describing your planned activity,
- your professional and personal goals and
- your reasons for applying for an enrichment grant.

Include how you plan to use this award and/or the skills acquired. State whether you expect to receive aid from any other source or sabbatical pay during the year of the award for which you are applying.

If I am a recipient of an enrichment grant, I agree to:

- a. Remain an active member of the Delta Kappa Gamma Society International.
- b. Pursue the course of study or project as specified in my application.
- c. Acknowledge the PA State Organization in the doctoral dissertation or other publications written while receiving enrichment grant funds.
- d. Provide a report for the "Spotlight on Scholarship" published in the *Keystonian*
- e. Attend the State Convention/Executive Board Meeting to receive my enrichment grant.

My signature certifies that all information in this application is accurate:

Signature

Date

THIS APPLICATION MUST BE POSTMARKED BY FEBRUARY 1, 2020 AND SENT TO:

**Susan Martin
PO Box 7455
York, PA 17404**

(717) 840-1463

Applications with postage due will be returned to sender by the post office.