



INTERNATIONAL SOCIETY FOR KEY WOMEN EDUCATORS  
**DELTA KAPPA GAMMA™**

Alpha Iota State  
**Katherine Keeling Memorial Grant  
Application**

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

**Personal Data**

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

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

**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

Application deadline April 1  
Send to State Scholarship / Grants Chairman  
[dkgmisolarship@gmail.com](mailto:dkgmisolarship@gmail.com)

## **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.

Application deadline April 1  
Send to State Scholarship / Grants Chairman  
[dkgmisolarship@gmail.com](mailto:dkgmisolarship@gmail.com)

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.

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Applicant's Signature

Return completed application by:  
April 1 to State Scholarships / Grants Chairman  
[dkgmisolarship@gmail.com](mailto:dkgmisolarship@gmail.com)

**The mailing address for the Chairman can be found in the PAC roster available on the Alpha Iota website.**