2023 TSO FALL MINI-GRANTAPPLICATION

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL

TEXAS STATE ORGANIZATION

Scholarship Term: July 1, 2023 through June 30, 2024

IMPORTANT NOTICE

Review and follow *Guidelines for Fall Mini-Grant Applications*. Applications that are incomplete, **unsigned**, have missing items such as letters, or are emailed after November 1, 2022, will **not** be considered. Save opened file on computer. Use tab key to move through the form and fill in all elements. Save changes. **Proofread application carefully.**

Amount of Request			(Maxim	um \$750)			
PERSONAL D	ΑΤΑ						
Name							
	Last	Fi	rst	Middle		Maiden	
Mailing Address	5						
-	Street		t or Box Number		City	Zip	
Telephone				Personal Email			
	Home	Work	Cell				
Current or Former Professional Assignment							
(Give level / area of work / location)							

DELTA KAPPA GAMMA DATA

Current Chapter Name	Location	Area	Initiation/Induction Date (Month/Year)					
Past and Current Involvement in Delta Kappa Gamma: (Dates of Offices / Committees / Projects)								
Society Conventions Attended, especiall	y TSO: (Month Year / Convention	Name)						
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EDUCATIONAL BACKGROUND/SCHOLARSHIPS		
Name & Location of Institutions Attended	Dates of Degree/Certificates	Dates of Study
Delta Kappa Gamma Scholarships Received (Chapter, State, Inte	rnational) and indicate year of award.	
Non-Society Graduate Scholarships and/or Fellowships received		

DESCRIPTION OF THE PROFESSIONAL DEVELOPMENT ACTIVITY

Provide a clear, detailed description of the professional development activity (name, date, time span, and location) planned. Include the name of the organization sponsoring the event/activity.

GOALS/JUSTIFICATION FOR THE PROFESSIONAL DEVELOPMENT ACTIVITY

Clearly explain how participation in this activity will enhance you professionally. Include specific goals you expect to achieve from participating in the program. (It is your job to convince the Scholarship Committee of the worthiness of your plan.)

BUDGET

Identify project costs by category / type of expenditure / total amount. Budget should be as specific as possible.

GOALS FOR FUTURE TSO/DKG INVOLVEMENT

Refer to the application guidelines for instructions for completing this section.

PROFESSIONAL POSITIONS AND ACCOMPLISHMENTS

Positions held, including location and dates (professional, teaching, administrative)

All honors/recognition/other professional activities including approximate dates (especially include Society/TSO)

I have read the Mini-Grant Application Guidelines and the information included is true and complete.

SIGNATURE Applicant (Type your name as your signature.)

DATE

Email completed application to:

Donda Slaydon, TSO Scholarship Chair tsoscholarshipdkg@gmail.com

Revised September 2022