

# 2018 TSO FALL MINI-GRANT APPLICATION

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL  
ALPHA STATE, TEXAS

Scholarship Term: December 1, 2018 through June 30, 2019

## IMPORTANT NOTICE

Review and follow Guidelines for Fall Mini-Grant Applications. Applications that are incomplete, **unsigned**, have missing items such as letters, or are postmarked after November 1, 2018, will **not** be considered. **Proofread application carefully.**

Amount of Request \_\_\_\_\_ (Maximum \$750)

## Personal Data

Name \_\_\_\_\_  
Last First Middle Maiden

Mailing Address \_\_\_\_\_  
Street 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 Date (Month/Year) \_\_\_\_\_  
Past and Current Involvement in Delta Kappa Gamma: Dates of Offices/Committees/Projects \_\_\_\_\_

Society Conventions Attended, especially TSO \_\_\_\_\_

## Educational Background/Scholarships

Name & Location of Institutions Attended \_\_\_\_\_ Dates of Degree/Certificates \_\_\_\_\_ Dates of Study \_\_\_\_\_

Delta Kappa Gamma Scholarships Received (Chapter, State, International) 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 projected costs by category/type of expenditure and the 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 & Accomplishments**

Positions held, including location & 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 of Applicant**

\_\_\_\_\_  
**Date**

Sign and return to:

Pat Osborne, TSO Scholarship Chair  
103 Redbud Crossing #419  
Houston, TX 77077