

(Please complete the Publicity Release below)

I grant permission to have my name, photo, and/or event published in *The Hoosier Newsette* and/or on www.dkgindiana.org Yes _____ No _____

Signed: _____ Date: _____

**The Delta Kappa Gamma Society International
Indiana State Organization
Mini-Grant Application 2019-2021**

Personal Information:

Name of Applicant: _____
Street Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Fax: _____
Email Address: _____
Present Employer: _____
Current Position: _____
Employer's Address: _____ City: _____ Zip: _____

Delta Kappa Gamma Involvement:

Chapter: _____ Year of Initiation: _____
Chapter, State, or Regional/International offices and/or committee chairmanships held:

Educational Background:

Complete the following information or submit a resume' that includes this data:

Institution	Dates	Degree	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Proposed Use of Mini-Grant

Amount of stipend requested: _____
Proposed budget for stipend. Be specific as to the items and amounts.

(if more space is needed, attach page to this form)

Stipend will be used at:

Place: _____ from _____ to _____
(date) (expected time of completion)

Explanation of project/study:

(if more space is needed, attach page to this form)

Importance of the project/study to ...

Delta Kappa Gamma: _____

Education: _____

Applicant: _____

Proposed plans for sharing the project/study: _____

Professional Experience:

List professional experiences as they relate to the project/study: _____

(include publications, travel, positions, leadership responsibilities, etc.)

List any Delta Kappa Gamma grants or scholarships and dates that you have received:

Please submit two letters of support concerning your project from your chapter president or a designated chapter Executive Board member from your chapter and another person who can certify the value of your project. List the persons whom you have requested to write the letters. **Letters should be sent directly to the State Scholarship Chairman.**

1. _____ (Title) _____

2. _____ (Title) _____

The State Scholarship Chairman must receive all of the following items before your information will be sent to the Scholarship Committee for action:

- * Completed application (Please send two additional copies.)
- * Attach photo to original application.
- * Letters of reference (mailed directly to State Scholarship Chairman)

Please note: If the stipend is received prior to the activity taking place and you are unable to complete the activity, you will be expected to reimburse the amount of the stipend to the Indiana State Organization.

Signature: _____ Date: _____

Send Application to:

Sandra Collins, State Scholarship Chairman

9174 Wright Street

Merrillville IN 46410