

# The North Carolina Delta Kappa Gamma Educational Foundation

## Continuing Education for Professional/Personal Growth PROPOSAL FORM

These grants may be awarded to individuals or to projects offering professional/personal growth for women educators through such educational activities as attendance at conferences or seminars, participation in independent studies, or educational travel. Proposals must indicate the anticipated impact of the activity on the participant(s) and on others who may also benefit as a result of the participant(s) engagement in the activity. Added value for *Innovation, Creativity, and/or Collaboration*.

### Directions Checklist:

- \_\_\_ 1. The Proposal Form must be complete, including an itemized list of expenses to be incurred.
- \_\_\_ 2. Applicants may be active or retired educators, but they must show how this activity will be beneficial to students or other educators in a school or other educational setting.
- \_\_\_ 3. Include with the proposal (not mailed separately) two (2) letters of recommendation as specified.
- \_\_\_ 4. The proposal must be **emailed** to the Grants Chair and **received** no later than **September 30, 2020**. Proposals received **AFTER** September 30 will not be considered for the 2020-2021 granting cycle.
- \_\_\_ 5. If awarded a grant, the recipient must submit no later than **August 15, 2021**, the *Self-Evaluation Form* accompanied by a record of experiences and a financial report showing actual expenses.
- \_\_\_ 6. Checking each of these 6 items and your signature on the last page of the Proposal Form, indicate your acceptance of conditions of the grant as specified herein.

### 1. PERSONAL DATA

Applicant's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

Are you a member of a Delta Kappa Gamma Society International Chapter? \_\_\_ Yes \_\_\_ No

If so, which chapter? \_\_\_\_\_ Date of initiation: Month \_\_\_\_\_ Year \_\_\_\_\_

### 2. TEACHING HISTORY List chronologically from most recent.

Total number of years of teaching experience: \_\_\_\_\_

PLACE	POSITION	YEARS OF SERVICE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**3. EDUCATIONAL PROPOSAL**

A. Name of organization offering the proposed educational activity.

\_\_\_\_\_

B. Beginning date of proposed activity (mm/dd/year): \_\_\_\_\_

C. Ending date of proposed activity (mm/dd/year): \_\_\_\_\_

D. Will educational credits (i.e. CEU's) be offered?      \_\_\_\_\_ YES      \_\_\_\_\_ NO  
If so, detail the credits expected to be earned: \_\_\_\_\_

\_\_\_\_\_

**4. DESCRIPTION OF EDUCATIONAL ACTIVITY** Describe the activity and educational benefits anticipated from the experience, including innovative, creative, or collaborative aspects.

**5. BUDGET** Amount requested for this grant: \_\_\_\_\_

ATTACH an itemized budget for the anticipated total cost of this project. Grant recipients will submit a financial report at the conclusion of the project showing expenditures for the amount of the grant.

**6. EVALUATION** Describe how you plan to evaluate the success of this activity, in addition to completion of the **required** *Self-Evaluation Form* (available on the Foundation website). Include both qualitative and quantitative measures.

**7. SHARING** Will you be willing to share what you learn from this educational activity by writing an article or doing a presentation at a NC DKG State Convention or in a school, community, or other educational setting?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

Describe how you might share the educational benefits derived from this activity (e.g. publish an article, lead a workshop, be a guest speaker, and so forth). Who could benefit from your sharing?

**8. REFERENCES** Include two (2) letters of recommendation -- do not send separately.

One must be from the president of the local Delta Kappa Gamma chapter. (If the applicant is the chapter president, the letter should come from the immediate past president.) The other letter should be written by someone outside the Delta Kappa Gamma community who is familiar with and can speak with authority in support of the proposed educational activity.

List names of the references with contact information.

1. Chapter President \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_
  
2. Someone outside the Delta Kappa Gamma network:  
Mailing Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**9: PUBLICITY** Grant recipients are expected to furnish to the Foundation photos of their projects with consent from everyone in the photos for publication in brochures, newsletters, news articles, website, and the like. All publicity for grant projects must include reference to the North Carolina Delta Kappa Gamma Educational Foundation as a funding source. Copies of publicity items and photos are to be submitted with the Evaluation Form no later than August 15, 2021.

**10. YOUR SIGNATURE** indicates acceptance of the conditions of the grant as indicated throughout the Proposal Form and by your responses herein.

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**11. SUBMISSION** Submit all Proposal materials, including Letters of Recommendation, **via email** to Dot Carter, [dotcarter@embarqmail.com](mailto:dotcarter@embarqmail.com) and copy Grants Review Committee, [ncdkgef@gmail.com](mailto:ncdkgef@gmail.com) . Do not submit items in separate mailings. Applicant will be notified upon receipt of proposal.

**DEADLINE FOR SUBMISSION**

**The Proposal must be received no later than September 30, 2020. Proposals received AFTER September 30 will not be considered in the 2020-2021 granting cycle. Awards will be announced on or before November 1, 2020.**



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## Self Evaluation Form

**MUST BE SUBMITTED FOLLOWING THE COMPLETION OF THE PROJECT OR STUDY**

Attach additional sheets if needed to give complete answers.

Send all requested items with this form to Dot Carter: [dotcarter@embarqmail.com](mailto:dotcarter@embarqmail.com) by **Aug 15, 2021**.

Project /Activity Title

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Grant Recipient \_\_\_\_\_ Email \_\_\_\_\_

Amount of Grant \_\_\_\_\_ Date Grant received (m/d/y) \_\_\_\_\_

Date Self-Evaluation was submitted (m/d/y) \_\_\_\_\_

1. The grant application indicated this study/project would involve or serve approximately \_\_\_\_\_ people.

2. The actual number of people involved/served was \_\_\_\_\_.

3. ATTACH a detailed description of how your grant was actually used.

4. ATTACH a list of all expenditures with receipts for each.

NOTE: Include copies of receipts with this report. Do not send separately.

5. What changes, if any, were necessitated in your original proposal by funding that was less than expected or by unanticipated circumstances?

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6. Evaluate the outcomes of this venture.

Describe the most successful and most rewarding aspects of your study/project?

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7. What did you learn of significance from the study or project?

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8. What would you change if you were to do a similar study/project again?

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9. List any other evaluation items you are submitting with this form.

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10. Describe your plans to follow up this study/project.

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*Thank you for furthering education in North Carolina  
by completing this NC DKG Educational Foundation-assisted project!*