



The North Carolina Delta Kappa Gamma Educational Foundation  
Lynda Tamblyn Endowment Grant

Proposal Form Fall 2022

Learning/Literacy Project or  
Continuing Education for Professional/Personal Growth

The Lynda Tamblyn Grant proposal may be submitted by individual educators for worthy educational pursuits in Guilford County. It covers a broad range of possibilities, focusing on two areas of importance: Learning/Literacy projects for students in school or community settings and Continuing Education for Professional/Personal Growth through attendance at conferences, seminars, educational travel, and other educational activities. Two grants, up to \$1,000 each, are available to be awarded.

Directions Checklist:

1. Proposal Form must be complete.
2. Include with the proposal, one letter of recommendation. Do not send separately.
3. The proposal must be **emailed in WORD or PDF** to [pbrought123@gmail.com](mailto:pbrought123@gmail.com) and [ncdkgef@gmail.com](mailto:ncdkgef@gmail.com), and **received** no later than September 30. Proposals received AFTER September 30 will not be considered for this grant cycle
4. If awarded a grant, the recipient must submit a record of experiences and actual expenses with receipts, along with *Self-Evaluation Form* no later than **August 15** following completion of activity.
5. Your signature on the last page of the Proposal Form, indicates your acceptance of conditions of the grant as specified herein.

1. SELECT ONE:

Learning/Literacy Project

Title of Proposed Project: \_\_\_\_\_

Or

Continuing Education Activity

Title: \_\_\_\_\_

2. PERSONAL DATA:

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

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

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

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

3. TEACHING EXPERIENCE: (List chronologically from most recent.)

Number of years of teaching experience: \_\_\_\_\_

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

**4. \*CONTINUING EDUCATION APPLICANTS ONLY:**

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: \_\_\_\_\_

\_\_\_\_\_

**5. DESCRIPTION OF LEARNING/LITERACY PROJECT or CONTINUING EDUCATION ACTIVITY:**

Include goals and objectives, projected benefits, number of people served/ involved and potential to reach a wider audience, innovative and/or collaborative aspects, and timeline. Use a separate attachment if more space is needed.

**6. BUDGET:** Total cost: \_\_\_\_\_

Itemize projected expenses below or attach an itemized budget. Grant recipients will also submit a financial report at the conclusion of the project or educational experience to show actual expenditures.

1. \_\_\_\_\_ Cost: \_\_\_\_\_

2. \_\_\_\_\_ Cost: \_\_\_\_\_

3. \_\_\_\_\_ Cost: \_\_\_\_\_

4. \_\_\_\_\_ Cost: \_\_\_\_\_

5. \_\_\_\_\_ Cost: \_\_\_\_\_

**7. EVALUATION:** Describe how you plan to evaluate the success of this activity, in addition to completion of the **required** *Self-Evaluation Form*. Include both qualitative and quantitative measures.

**8. SHARING:** How will you share information about your experience? Check all that apply.

- write a brief article for publication
- present at the NC DKG State Convention
- share in other educational settings

**9. REFERENCE:** Attach one letter of recommendation. Do not send separately.

Reference should be written by someone who is familiar with and can speak with authority in support of the proposed project or continuing education activity.

**Contact information for reference:**

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

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

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

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

**10. PUBLICITY:** Grant recipients are expected to furnish to the Foundation photos of their projects with consent from everyone in the photos for use in NC DKG publications and on websites. 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 *Self-Evaluation Form* no later than August 15 following the completion of the project or study.

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

\_\_\_\_\_  
(Signature)

**12. SUBMISSION:** Submit all proposal materials, including Letter of Recommendation, **via email** to Dr. Phyllis Broughton [pbrought123@gmail.com](mailto:pbrought123@gmail.com) and copy to [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**. Proposals received after that date will not be considered for this granting cycle.

Awards will be announced on or before **November 1**.





The North Carolina Delta Kappa Gamma Educational Foundation  
**Tamblyn Grant 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 Dr. Phyllis Broughton, pbrought123@gmail.com by **August 15**.

Project /Activity Title: \_\_\_\_\_

Grant Recipient: \_\_\_\_\_

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

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

1. Record the actual number of people involved/served: \_\_\_\_\_.

2. ATTACH a list of all expenditures with copies of receipts. Do not send separately.

3. Describe how your grant was actually used. Attach additional page if needed.

4. REFLECT on your study/project and DESCRIBE the positive outcomes. Attach additional page if needed.

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