 The North Carolina Delta Kappa Gamma

Educational Foundation

Continuing Education for Professional/Personal Growth

PROPOSAL FORM – Spring

These grants, up to $500 each, may be awarded to individuals or to projects offering professional/personal growth for 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. In any given funding cycle, an individual or group may not submit proposals for multiple grants funding the same project.

4. A proposal by an individual for a project that has been awarded funding in a previous grant cycle may be considered for funding in subsequent grant cycles **IF** the request is not identical to the original project but rather enhances or builds on the original activity.

5. Include with the proposal (not mailed separately) one letter of recommendation.

6. 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 January 31**.** Proposals received AFTER will not be considered for this grant cycle.

7. If awarded a grant, the recipient must submit no later than **January 15 of the following year** the *Self-Evaluation Form* accompanied by a record of experiences and a financial report showing actual expenses.

8. Checking each of these 8 items and your signature on the last page of the Proposal Form,

indicate your acceptance of conditions of the grant as specified herein **and that your application is complete.**

1. **PERSONAL DATA:**Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
   Mailing Address (street, city, state, zip) \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_

**2. TEACHING EXPERIENCE:** (List chronologically from most recent.)

|  |  |  |
| --- | --- | --- |
| Place | Position | Years of Service |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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1. **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*.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. SHARING:** Check all the ways you are willing to share what you learn from this educational activity.

presentation in school/community  write a short article   
  workshop or short presentation at NC DKG State Convention  other educational setting

**8. REFERENCES**: Include one letter of recommendation -- **do not send separately – attach with this application.** Your letter of recommendation is someone you are familiar with and can speak with authority in support of the proposed educational activity.

Name of Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 Mailing Address (street, city, state, zip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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. Submit copies of publicity items and photos to Sharon Frazier, [jpfskf@aol.com](mailto:jpfskf@aol.com), no later than January 15 of the following year.

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**11. SUBMISSION:** Email all proposal materials, including letter of recommendation to Phyllis Broughton,

[pbrought123@gmail.com](mailto:pbrought123@gmail.com) **and** [ncdkgef@gmail.com](file:///C:\DKG\Educational%20Foundation\Practice%20-%20revised%20forms\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 January 31. Proposals received AFTER January 31 will not be considered in this grant cycle. Awards will be announced on or before March 1.**

**The North Carolina Delta Kappa Gamma Educational Foundation**  
**Self-Evaluation Form  
Continuing Education for Professional/Personal Growth**

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

Email requested items with this form to [pbrought123@gmail.com](mailto:pbrought123@gmail.com) and [ncdkgef@gmail.com](file:///C:\DKG\Educational%20Foundation\Practice%20-%20revised%20forms\ncdkgef@gmail.com) by **January 15 of next year.**Project /Activity Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

1. Report the approximate number of people served by this study/project~~:~~  \_\_\_\_\_\_.

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

3. DESCRIBE how your grant was actually used.  
Click or tap here to enter text.

4. DESCRIBE your professional and personal growth experience by reflecting on what you have learned.  
Click or tap here to enter text.

***Thank you for furthering education in North Carolina***

***by completing this NC DKG Educational Foundation-assisted project!***