**Delta Kappa Gamma**

**Kentucky State Organization**

**Educator Mini Grant Application**

**Classroom Project**

**\*Applicant must be a KSO member for a minimum of two years.**

**Date: School:**

**Applicant’s Name:**

**Grade Level/Subject taught:**

**Email: Phone#:**

**KSO Chapter:**

**Amount Requested: ($500.00 maximum):**

Please provide a brief (250 words or less) description of your project including goals and objectives.

The mini-grant is not just for classroom supplies but for an activity/project to be used for current students.

**Please include an itemized list of materials you will purchase with this grant.**

**Would you be willing to give a brief presentation about your project to your local chapter?**

**\*Professional Reference: Please have your Supervising Principal sign this statement:**

**“I approve the above classroom project for which this applicant is requesting funds.”**

**Return your completed application to the Kentucky State Organization Scholarship Committee Chair,**

**Mary Evans -** **maryameliaevans@gmail.com****.**