**Kentucky State Organization**

**Delta Kappa Gamma**

**Educator Mini Grant Application**

**Professional Development Workshop, Seminar or Conference**

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

**Applicant’s Name: Date:**

**School:**

**Grade Level/Subject taught:**

**Email: Phone#:**

**Name of KSO Chapter:**

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

**Please provide a description of the professional development event you plan to attend.**

**Please attach a copy of the professional development event application.**

**Would you be willing to give a brief presentation about this professional development event to your local chapter?**

**Professional Reference: Please have your Supervising Principal sign the below statement:**

**I approve the above professional development event for which this applicant is requesting funds.**

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**Email scanned completed application to the Kentucky State Organization Scholarship Committee Chair,**

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