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| **Xi State Vision Foundation****Liz Whorley Bradley and Doris Ann Hendrix Professional Growth Award****ONLY APPLICATIONS WHICH MEET AWARD CRITERIA AND ARE SUBMITTED ON THE CORRECT FORM WILL BE CONSIDERED**VF Pin**Criteria: to provide financial assistance to attend a seminar, workshop, or professional meeting** |
| **Personal Data** |
| **Name:**  |  |
| **Date of Birth:**  |  |
| **Street Address:**  |  |
| **City, State, Zip Code:**  |  |
| **E-mail address:**  |  | Or  |  |
| **Preferred Telephone (include area code):**  |  |
| **Delta Kappa Gamma Chapter:**  |  | **Year of Initiation**  |  |
| **Have you received this award previously? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_****If so, what year(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **Will you participate in this activity whether you receive this funding amount or not? ⬜ Yes ⬜ No**  |
| **Describe in detail the Professional Development you plan to attend. (Type here – form will expand.)****Name of PD:****Place:****Description:****Rationale for attending:****Anticipated Professional Impact:** |
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| **After the Professional Development, how do you plan to share or disseminate information in an educational setting? (Type here – form will expand.)****Audience:****Method:****Duration:** |
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| **Proposed Budget: (List itemized budget of proposed expenditures. Salaries and overhead costs will not be funded. Funding will not exceed $2000.00.) (Type here – form will expand.)****Registration:****Travel:****Food:****Hotel:****Other Funding Sources:** |
| **NOTE: A record of your experiences must be submitted to the Chairman of the Selection Committee of the Xi State Vision Foundation within two months of the event.** |
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| **Submit this application by email to the Xi State Vision Foundation.****This application will be accepted between October 1st and must be electronically dated by midnight CST on December 31st to be considered.** |
| **Send to: Pat Parker (pparker@realtracs.com)** |
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