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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)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
|  | | | | | | | | | |
| **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:** | | | | | | | | | |
|  | | | | | | | | | |
| **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:** | | | | | | | | | |
|  | | | | | | | | | |
| **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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