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| **Xi State Vision Foundation** Project (Grant)ApplicationONLY APPLICATIONS WHICH MEET GRANT CRITERIA AND ARE SUBMITTED ON THE CORRECT FORM WILL BE CONSIDEREDVF PinGrant Criteria: to provide financial assistance to conduct educational research and/or to develop special projects related to the improvement of education in Tennessee. Grants are not awarded for bricks and mortar projects. |
| Personal Data |
| Name: (first, middle/maiden, last)  |
| Date of birth: (month/day/yr)  |
| Street Address:  |
| City, State, Zip Code:  |
| Preferred Telephone (include area code):  |
| E-mail address:  |
| DKG Chapter Name: Year of Initiation:  |
| Have you received this award previously? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_If so, what year(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Title of Project: Detailed Description of the Project (including location):  |
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| Justification of Need:  |
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| Funding Request Rationale: (List itemized budget of proposed expenditures. Salaries and overhead costs will not be funded.)  |
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| Goals and Objectives of this Project: Goal: Objectives:  |
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| Number & age level of individuals who will be served by this project:  |
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| Evaluation of the Project: (Include specific methods to be used for evaluating this project and specific outcomes to be achieved.)  |
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| List other sources and amounts of financial support that are currently or will be received for this project.  |
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| Will you participate in this activity whether you receive this funding amount or not? \_\_\_Yes \_\_\_ No |  |
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| *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 completion of the project.* |
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| Submit this application by email to the Xi State Vision Foundation.This application must be electronically dated between October 1st and no later than 11:59 p.m. CST on December 31st. |
| Send to: Pat Parker pparker@realtracs.com  |
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