The Delta Kappa Gamma Society International

Alpha Mu State Lifelong Learning Grant

Return application postmarked one month prior to the program to:

Lori McCurdy, Chairman, Personal Growth and Services, 39167 Lake View, Polson, MT 59860-8121

\*\* see below

Please type or print in black ink.

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tele. No:
2. Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail
3. Delta Kappa Gamma ID number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter:

Date of initiation into Delta Kappa Gamma:

1. This request is for (check appropriate event): \_\_\_\_\_\_ Workshop \_\_\_\_\_\_ Seminar \_\_\_\_\_ Elderhostel \_\_\_\_\_ Study/travel \_\_\_\_\_ Convention Class

Name of event:

Sponsoring Organization/Institution

Date(s) offered\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost

How will your attendance enhance your life long learning?

(may be answered on separate piece of paper attached to application)

How might you share the growth experience at local or state level?

1. Please include a one page resume indicating personal and biographical information including offices held in Delta Kappa Gamma (local, state, international), community activities, work experiences, and hobbies.
2. A letter of reference from the chapter president or other chapter officer

\*\* Please send proof of successful application (copy of canceled check - both sides - **or** copy of acceptance letter. Alpha Mu lifelong grant application can be made as soon as receipt of proof of acceptance.

Upon completion of the lifelong learning experience, a brief summary will be submitted in writing to the state personal growth chairman for future history records. A workshop presentation or article to Alphamusings may also be used.