## **2025** TSO MINI-GRANTAPPLICATION

## THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL TEXAS STATE ORGANIZATION

Scholarship Term: July 1, 2025, through June 30, 2026

## **IMPORTANT NOTICE**

Review and follow *Guidelines for Mini-Grant Applications*. Applications that are incomplete, **unsigned**, have missing items such as letters, or are emailed after March 1, 2025, will **not** be considered. Save opened file on computer. Use tab key to move through the form and fill in all elements. Save changes. **Proofread application carefully.** 

Amount of R	Request		(Maximu	ım \$750)			
PERSONAI	L DATA						
Name	Last	First		N 4: al all a		N 4 a i al a u	
				Middle		Maiden	
Mailing Addi	ress	Street or F	Box Number		City		Zip
Talanhana				Personal Email			
relephone	Home	Work	Cell	Personal Email			
Current or Fo							
Current or 10	officer Froressions	Giv	ve level / area of	f work / location)			
		(-					
DELTA KAI	PPA GAMMA I	DATA					
	Chapter Name		Location		rea	Induction Date	(Month/Year)
Past and Cur	rent Involvement	t in Delta Kappa Gan	nma: (Dates of C	Offices / Committees / Pro	jects)		
Society Conv	entions Attended	d, especially TSO: (M	onth Year / Con	vention Name)			

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**EDUCATIONAL BACKGROUND/SCHOLARSHIPS** 

Name & Location of Institutions Attended

Dates of Degree/Certificates

Dates of Study

Delta Kappa Gamma Scholarships Received (Chapter, State, International) and indicate year of award.
Non-Society Graduate Scholarships and/or Fellowships received.
DESCRIPTION OF THE PROFESSIONAL DEVELOPMENT ACTIVITY
Provide a clear, detailed description of the professional development activity (name, date, time span, and location) planned. Include the name of the organization sponsoring the event/activity.

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GOALS/JUSTIFICATION FOR THE PROFESSIONAL DEVELOPMENT ACTIVITY Clearly explain how participation in this activity will enhance you professionally. Include specific goals you expect to achieve from participating in the program. (It is your job to convince the Scholarship Committee of the worthiness of your plan.) **BUDGET** Identify project costs by category / type of expenditure / total amount. Budget should be as specific as possible. **GOALS FOR FUTURE TSO/DKG INVOLVEMENT** Refer to the application guidelines for instructions for completing this section. PROFESSIONAL POSITIONS AND ACCOMPLISHMENTS Positions held, including location and dates (professional, teaching, administrative) have read the Mini-Grant Application Guidelines and the information included is true and complete. SIGNATURE Applicant (*Type your name as your signature*.) DATE

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Email completed application to: <u>tsoscholarshipdkg@gmail.com</u>