

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: \_\_\_\_\_

4. 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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. 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.

6. 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 Alphasings may also be used.