



Application Form

GRANT FOR PROFESSIONAL EDUCATORS

Beta Nu Chapter, The Delta Kappa Gamma Society International

Please answer each of the items below. Print or write legibly.

Note: This grant is for professional educators working in Clallam or Jefferson counties.

NAME: _____ Date of Application: _____

HOME ADDRESS: _____
(Street) (City, State, Zip)

EMAIL: _____ PHONE: _____

Current employment:

School District: _____ Name of School: _____

Grade and/or Subject(s) you currently teach: _____

Proposed coursework:

Location of study: _____

Name of course: _____ Date of coursework: _____

Expenses for tuition and registration related to coursework:

- A. Total anticipated expenses for tuition and registration: \$ _____
- B. Anticipated expenses for tuition and registration fees to be reimbursed from sources other than Beta Nu: \$ _____

Source	Amount

- C. Expenses for tuition and registration fees requested from Beta Nu: \$ _____

(Please do not include books, mileage, meals, lodging, other personal expenses or expenses to be reimbursed from sources other than Beta Nu)

Purpose	Amount

Please Attach:

- A separate statement of your professional goals, how this coursework fits with your goals, and the impact this will have on your work with students.
- Description of the course material that will be covered.
- Verification of enrollment.
- In the case of work done within the past 9 months, you must also submit verification of completion.
- Proof of payment (e.g. receipt or copy of cancelled check) of tuition and registration fees.
- One current (within 9 months of application) letter of recommendation that relates to this grant request from a supervisor.

Send this completed application form, postmarked on or before either November 15 or April 15, to:

Beta Nu, P.O. Box 2407, Sequim, WA 98382

For questions, contact: Kathy Strozyk at 360-683-1299 or kjstrozy@olypen.com
Sharle Osborne at 360-683-8816 or sharleo@stevekoehler.com