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| Xi State Vision Foundation Group Seminar/Project Application  ONLY APPLICATIONS WHICH MEET GRANT CRITERIA AND ARE SUBMITTED ON THE CORRECT FORM WILL BE CONSIDERED  VF PinGrant Criteria: to provide financial assistance to DKG groups which will create educational professional development opportunities for members and nonmembers in Tennessee. | |
| Personal Data | |
| Contact Person: (first, middle/maiden, last) | |
| Date of birth: (month/day/yr) | |
| Street Address: | |
| City, State, Zip Code: | |
| 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/Seminar:  Detailed Description of the Project (including location):  Location: | |
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| Justification of Need: | |
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| Goals and Objectives of this Project:  Goal:  Objectives: | |
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| Number 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 sponsor 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](mailto:pparker@realtracs.com) | |
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