



ALUMNAE CONTINUING EDUCATION GRANT PROGRAM

Funding for Alumnae Continuing Education Grants is provided through contributions to the Alpha Gamma Delta Foundation, Inc. At this time, grants in an amount up to \$500 are available for alumnae members who are attending school on a part-time basis, or who are enrolling for a semester, event, or program which will enhance their ability to achieve career goals.

Application materials must be completed and sent by mail or fax to:

Alpha Gamma Delta Foundation, Inc.
Attn: CE Grant Committee
3905 Vincennes Road, Suite 105
Indianapolis, IN 46268
(317) 879-9328
Fax (317) 415-0335

Application materials must include:

- ❖ the completed application form
- ❖ two letters of recommendation
- ❖ a copy of promotional literature describing the program, including costs

The following conditions are requirements for funding:

- ❖ the applicant must be an Alpha Gamma Delta alumna in Good Standing
- ❖ the continuing education event/semester/program must enhance the applicant's ability to achieve her career goals
- ❖ the grant will be given for one event/semester/program
- ❖ members may reapply for Continuing Education Grants; *Continuing Ed Grants are limited to \$500 per grant with a \$2,000 maximum lifetime total to one Alpha Gamma Delta member.*
- ❖ the applicant must not have been a full-time undergraduate student within the last two years prior to the date of application
- ❖ all application materials must be received at the Foundation office at least sixty days prior to need

The following are criteria upon which selection will be based:

- ❖ need
- ❖ the manner in which the event/semester/program relates to the applicant's future or career development
- ❖ service to Alpha Gamma Delta
- ❖ community involvement

Alpha Gamma Delta Foundation, Inc.

ALUMNAE CONTINUING EDUCATION GRANT APPLICATION

❖ General Information

Name: _____
 first middle (maiden) last

Permanent Address: _____
 number street city state/province zip/postal code

Home Phone (____) _____ -- _____ Work (____) _____ -- _____ Cell (____) _____ -- _____

Initiating Chapter Membership: _____ E-mail: _____

College/University attended: _____

Date and highest degree attained or last day of full-time enrollment as an undergraduate student:

Name of event /program for which grant is requested: _____

Date the event/program begins: _____

I certify that the event/program I will participate will **not** consider me a full time student YES NO

*** (Promotional literature describing the program must be included.) ***

Cost of program: _____ Funds requested: _____ to cover: *(describe expenses)*

❖ Employment History For The Past Four Years

Name of employer: _____ Dates of employment: _____

Address of employer: _____

Telephone: (____) _____ -- _____ Position: _____

Name of employer: _____ Dates of employment: _____

Address of employer: _____

Telephone: (____) _____ -- _____ Position: _____

Name of employer: _____ Dates of employment: _____

Address of employer: _____

Telephone: (____) _____ -- _____ Position: _____

Name of employer: _____ Dates of employment: _____

Address of employer: _____

Telephone: (____) _____ -- _____ Position: _____

❖ **Statement of Intent** On a separate sheet, state in detail the reasons for requesting a grant and how the continuing education event/semester program will assist you in your current or proposed career.

❖ **Service to Alpha Gamma Delta**

❖ **Community service for past five years**

❖ **Financial information**

Number of dependent children and ages: _____

Number and names of other person(s) dependent on you for financial support: _____

Savings: _____ Wages or salary: _____ Living Expenses: _____

Financial support from other sources (list): _____

Other grants, gifts, and/or scholarships awarded: _____

List other circumstances that make it difficult for you to fund your participation in this continuing education event/semester/program: _____

I understand that under the provisions of section 117 of the U.S. Internal Revenue Code, I will be required to include as gross income on my personal tax return any grant income received for which I do not have receipts for expenses for this continuing education event/semester/program (not applicable for residents of Canada).

In applying for this Alpha Gamma Delta Foundation, Inc. Alumnae Continuing Education Grant, I confirm that all statements contained in this application are true to the best of my knowledge. It is my full intention to attend the event/semester/program described in this application, once I receive a grant. I also understand that if I am unable to attend this event/semester/program I must return the amount of this grant to the Alpha Gamma Delta Foundation, Inc..

Signature of Applicant

Date