



ALPHA DELTA STATE OHIO EDUCATIONAL FOUNDATION LEADERSHIP FUND

FUND PURPOSE

To provide support to members for expenses related to developing leadership knowledge, skills or experiences.

To provide support to members for expenses specifically related to non-profit leadership or board participation.

SUBMISSION REQUIREMENTS AND GUIDELINES

1. Leadership Applications may be submitted any time; however, any submissions after May 1st may be considered in the next fiscal year beginning July 1st.
 - a. The applicant will be notified by email when the application is received.
 - b. A letter of approval or denial of the application will be sent following a meeting of the ADSOEF Educational Services Committee and a final decision by the ADSOEF Board of Directors.
2. If the request is approved, the applicant must sign, date, and return the Certification of Acceptance form within ten (10) days of the acceptance to the Educational Services Chairman. -
3. Upon completion, the applicant shall
 - a. send electronic copies of all receipts to the Educational Services Committee Chairman,
 - b. prepare and send to the Educational Services Committee Chairman a written article, preferably including a photograph, suitable for publication explaining the leadership activity and impact,
 - c. receive a check for the awarded amount.Failure to complete requirements 3a and 3b will affect future funding through ADSOEF.
4. Recipients will be acknowledged at the ADSOEF Annual Meeting and in the ADSOEF newsletter, *Foundation Matters*.

Email all correspondence to:

Christine Snoddy, Chairman Educational Services

Email: ckvs@sprynet.com

LEADERSHIP FUND APPLICATION (2 pages)

Name:

Chapter:

DKG Membership Number:*

Address:

Email:

Phone:

Current Professional Position and years of experience (if retired, provide retirement date and most recent professional position):

Offices and responsibilities held (a) in Delta Kappa Gamma and (b) in the Community (begin with most recent):

a)

b)

Organization offering Leadership Development (include contact information for the organization):

Dates of Leadership training/meeting/seminar:

Location of Leadership training/meeting/seminar:

Brief synopsis of Leadership training/meeting/seminar:

Amount Requested:

*if your membership number is not known, contact your chapter treasurer.

Budget (Include descriptions and costs):

Funding amounts from other sources :

Impact Summary:

Describe the impact on you, your chapter, state organization, DKG. How will each benefit from the leadership activity?

How you will measure impact? How will this opportunity improve your leadership skills? How will Delta Kappa Gamma or Alpha Delta State Ohio Educational Foundation benefit?