



# ALPHA DELTA STATE OHIO EDUCATIONAL FOUNDATION

## LIFELONG LEARNING FUND

### FUND PURPOSE

To provide support to members for expenses related to Lifelong Learning which encourages the ongoing, voluntary, and self-motivated pursuit of knowledge for either personal or professional reasons.

To provide support to members for expenses related to personal learning such as: Osher Lifelong Learning Institute (OLLI), other institutes, Community Education, or Road Scholar travel opportunities.

To provide support to members for expenses related to professional learning such as: Professional Development, Continuing Education, or denied Delta Kappa Gamma Educational Foundation Cornetet Professional Development application approval.

### SUBMISSION REQUIREMENTS AND GUIDELINES

1. Lifelong Learning Applications may be submitted any time; however, any submissions after May 1<sup>st</sup> may be considered in the next fiscal year beginning July 1<sup>st</sup>.
  - 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 lifelong learning opportunity 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](mailto:ckvs@sprynet.com)

# Lifelong Learning Fund Application

**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):

**Organization offering Lifelong Learning** (include contact information for the organization):

**Dates of Lifelong Learning opportunity:**

**Location of Lifelong Learning opportunity:**

**Brief synopsis of Lifelong Learning opportunity:**

If applying for a professional development conference or convention **provide a web link** to the conference or convention **or your denied Cornetet application:**

If applying for Continuing Education credits **provide a web link or copy of the published information from the provider:**

**Amount Requested** (include an explanation of expenses):

**Impact Summary:**

*Describe the impact this lifelong learning experience is expected to have in your personal life or professional career.*

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