

**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.

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.

1. If the request is approved, the applicant must sign, date and return the Certification of Acceptance form within ten (10) days of the acceptance and return to the Educational Services Chairman. Recipients will be acknowledged at the ADSOEF Annual Meeting.
2. 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 suitable for publicationexplaining the leadership activity and impact.

c. receive a check for the awarded amount.

E-mail all correspondence to:

Christine Snoddy, Chairman Educational Services

E-mail: [**ckvs@sprynet.com**](mailto:ckvs@sprynet.com)



**ALPHA DELTA STATE OHIO EDUCATIONAL FOUNDATION**

**LEADERSHIP FUNDING 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 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

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?

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