|  |
| --- |
| **Xi State Vision Foundation** Project (Grant)ApplicationONLY APPLICATIONS WHICH MEET GRANT CRITERIA AND ARE SUBMITTED ON THE CORRECT FORM WILL BE CONSIDEREDVF PinGrant Criteria: to provide financial assistance to conduct educational research and/or to develop special projects related to the improvement of education in Tennessee. Grants are not awarded for bricks and mortar projects. |
| Personal Data |
| Name: (first, middle/maiden, last)  |
| Date of birth: (month/day/yr)  |
| Street Address:  |
| City, State, Zip Code:  |
| Preferred 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)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   |
| Title of Project: Detailed Description of the Project (including location):  |
|  |
| Justification of Need:  |
|  |
| Funding Request Rationale: (List itemized budget of proposed expenditures. Salaries and overhead costs will not be funded.)  |
|  |
| Goals and Objectives of this Project:  |
|  |
| Number & age level of individuals who will be served by this project:  |
|  |
| Evaluation of the Project: (Include specific methods to be used for evaluating this project and specific outcomes to be achieved.  |
|  |
| List other sources and amounts of financial support that are currently or will be received for this project.  |
|  |
| Will you participate in this activity whether you receive this funding amount or not? \_\_\_Yes \_\_\_ No |  |
|  |
| *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.* |
|  |
| Submit this application by email to the Xi State Vision Foundation.This application must be electronically dated by midnight CST on December 31. |
| Send to: Nancy Davis nini02@embarqmail.com  |