

Xi State Vision Foundation

**Liz Whorley Bradley Professional Growth Award
Cover Sheet**

Personal Data	
Name: (first, middle/maiden, last)	
Date of Birth: (month/day/year)	
Street Address:	
City, State, Zip Code:	
E-mail:	Fax:
Home Phone (include area code):	
Delta Kappa Gamma Chapter:	Year of Initiation:
Offices Held and/or Services Rendered to Delta Kappa Gamma:	
Office/Service	Year(s)
Other Professional Organizations and Offices Held:	
Organization – Office – Year	Organization – Office -- Year

Present Position:			
(Institution)		(Number of Years)	(Grade/Subject/Admin. Responsibility)
Educational Record:			
Institution:		Major/Minor	Degree:
			Year:
Will you participate in this activity whether you receive this funding amount or not? <input type="checkbox"/> Yes <input type="checkbox"/> No		Would you be willing to give a workshop at Xi State the following year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I would like to be considered for the Liz Whorley Bradley Professional Growth Award.			
Signature of Applicant:			
I plan to: (describe the activity in the space below)			
at		during	
(location)		(Dates)	

Proposed Budget: (List detailed budget of proposed expenditures. Salaries and overhead costs will not be funded.)

This plan must be read and approved by one of the following in your local chapter: the president, personal growth and services committee chairman, or the professional affairs committee chairman. Her letter of recommendation must be emailed to durham89@bellsouth.net .

Submit this application, preferably by email, to the Xi State Vision Foundation.
Application documents must be received on or before December 31.

Send to: Leigh Anne Durham
Durham89@bellsouth.net
900 Anderson Drive
Paris, TN 38242-9506