



The Delta Kappa Gamma Society International -  
Alpha Chapter, New Jersey

*Hoitsma Fund Grant Application*

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Course/activity for which grant is sought \_\_\_\_\_

Date(s) of course/activity \_\_\_\_\_

How does this course/activity reflect the purposes of Delta Kappa Gamma? \_\_\_\_\_

What do you expect to gain from this course/activity? \_\_\_\_\_

What are the anticipated itemized costs i.e. tuition, registration, transportation, materials, lodging? (Costs not reimbursable from any other sources) Attach a separate sheet if necessary \_\_\_\_\_

What amount are you requesting from the Hoitsma Fund? \_\_\_\_\_

If your application is approved, the Hoitsma Trustees will award an amount within the guidelines defined in the Fund policy. Monies will be paid upon proof of satisfactory completion of the course or participation in the activity. Recipient will be asked to submit a brief written report and/or present an overview of your experience at a chapter meeting.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Decision of the Board of Trustees: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Reason for denial \_\_\_\_\_

Amount of award \_\_\_\_\_ Award paid on \_\_\_\_\_ Check # \_\_\_\_\_