***Ellen Walker Professional Enhancement Award Application***

***DELTA KAPPA GAMMA SOCIETY INTERNATIONAL***

***ALABAMA STATE***


# PERSONAL DATA

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PROFESSIONAL ENHANCEMENT OPPORTUNITY

# (Include name of the experience, date(s), location, presenter(s), organizational sponsor(s), or other information as appropriate. Attach supporting documents or copies.)

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**BUDGET/EXPENSES OF PROFESSIONAL ENHANCEMENT EXPERIENCE**

(Include costs of travel, lodging, meals, registration, supplies, etc. Attach receipts if available.)

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**DESCRIBE BENEFITS TO YOU, STUDENTS, SCHOOL, OR SYSTEM AS APPROPRIATE**

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**ENDORSEMENT**

(Include below the signature OR attach a letter from supervisor, presenter, or experience leader.)

# Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position related to professional enhancement experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# APPLICATION DEADLINE --- June 15, 2021

*Please email/mail the completed application and accompanying documents to*

*Dr. Judy Hill, Chairperson*

*Scholarship, Professional Enhancement, and World Friendship Committee*

*115 Hidden Circle*

*Rainbow City, AL 35906* ***OR***  *jlhill1974@gmail.com*

*Text questions/concerns to 256.390.0930.*