

## DR. PHYLLIS RICHARDS ENDOWED LEADERSHIP APPLICATION EPSILON KAPPA EDUCATIONAL FOUNDATION

Г		T	1	
DKG Activity		Location		
Beginning Date		Ending Date		
First Name		Last Name		
Address				
Phone		Email		
Current Educational Position (Subject, Level, Title, Employer):				
■ List anticipated costs of participation in this leadership activity, including member registration fees, transportation, lodging, etc. Do not include expenses that will be reimbursed from other sources.     Expense category   Cost				
Grant Amount Requested				
If my request is approved, I understand that 1) I may receive an award for the full amount or only a portion of the amount requested; 2) I must submit verification of participation within fourteen (14) days after completion of the activity; 3) the award will be paid in accordance with Epsilon Kappa Chapter procedures only upon submission of proper documentation. I also understand that the funds are not transferable.				
Signature (type	۹)		Date	

→ Submit completed application by email to <a href="mailto:ekedfound@aol.com">ekedfound@aol.com</a> or mail to EPSILON KAPPA EDUCATIONAL

Deadline for submission: April 15, 2024

FOUNDATION, 12314 W. Cow Path, Austin, TX 78727.