



**DR. PHYLLIS RICHARDS ENDOWED LEADERSHIP FUND
OF THE
EPSILON KAPPA EDUCATIONAL FOUNDATION**

GUIDELINES –

- The **Dr. Phyllis Richards Endowed Leadership Fund** was established in 2007 in accordance with the sixth purpose of The Delta Kappa Gamma Society International:

To stimulate the personal and professional growth of members and to encourage their participation in appropriate programs of action.

- The purpose of the fund is to provide financial support to Epsilon Kappa Educational Foundation members wishing to attend Delta Kappa Gamma leadership events, such as
 - Texas State Conventions, regional conferences, and international conventions
 - the Texas State Leadership Seminar
 - other leadership seminars as may be established by Delta Kappa Gamma (e.g., International Leadership/Management Seminar)
- At this time only the interest income may be distributed to fund the purposes as stated above.
- Funds shall be allocated by the Foundation Board of Directors following an application procedure and in accordance with Epsilon Kappa Chapter rules regarding convention reimbursement.
- Members of the Foundation Board of Directors are not eligible to receive Phyllis Richards Leadership Grants during their term of service on the Board.
- Preference will be given to applications from members who have not previously received a Phyllis Richards Leadership Grant.
- Decisions on funding will occur within two weeks after the application deadline. Each applicant will receive a letter at that time indicating if her activity will be funded.



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

Name of DKG Activity _____ Location _____

Beginning Date _____ Ending Date _____

First Name _____ Last Name _____

Address _____ City _____ Zip Code _____

Telephone Number _____ E-mail Address _____

Current Educational Position (Subject, Level, Title, Employer)

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- List the anticipated costs of participating in this leadership activity, including registration, transportation, lodging, etc., and provide the total amount requested in the space provided below. Do not include any expenses that will be reimbursed from other sources.

Expense Category

Cost

	\$	
	\$	
	\$	
	\$	

Total 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; and 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 (Required) _____ Date _____

- Submit completed application by email to ekedfound@aol.com or by mail to EPSILON KAPPA EDUCATIONAL FOUNDATION, 12314 W. Cow Path, Austin, TX 78727.
- **Deadline for submission: April 15, 2015**