

The Rose McGill Alumna Continuing Education Grant is specifically for alumna members who have found it necessary to interrupt their education or who need further education for the purpose of career qualification or advancement. Grants do not exceed \$1,000 per year and are awarded on the basis of need, merit, and individual goals for study at a college, university, or vocational or technical school. These grants are not available to full-time graduate students. They are designed to fund part-time study, usually for a specific course.

Applications are due by Aug. 1 for the fall term, Dec. 1 for the spring term, and May 1 for the summer term.

Use the checklist below and complete the application. Retain a copy for your records.

- 1. Write a personal letter describing your reason/need for a Rose McGill Grant.
- 2. Enclose two letters of recommendation or reference from:
 - a. A Kappa, a friend, or a relative who knows you and your present situation.
 - b. A teacher, counselor, or other person who is familiar with your academic or professional work.
- 3. Send a transcript of your college record if available.
- 4. Attach an official course description.

Send all application materials to:

Kappa Kappa Gamma Foundation

6640 Riverside Drive, Suite 200
 Dublin, Ohio 43017
 866-KKG-1870 (toll free)
 614-228-6515
 614-228-6303 (fax)
 rosemcgill@kkg.org

Name: _____
 First *Middle* *Maiden* *Last*

Address: _____ City: _____

State: _____ ZIP: _____ Birthday: _____

Phone: _____ Cell: _____ Email: _____

Chapter: _____ Initiation Date: _____

Confidential Information

Marital Status: Single Married Divorced Widowed

Dependents (ages and relationships): _____

Specific course title: _____

Exact cost of course: \$ _____

Grant needed for: Continuing education Change of vocation Other (explain)

Annual family income and sources: \$ _____

Have you received any financial aid or awards? Yes No

If yes, please list and give dates.

Have you ever received Kappa financial assistance? Yes No

If yes, list the type of assistance, dates of assistance, and amounts received. Designate if the assistance was from your chapter, House Board, alumnae association, or the Kappa Foundation.

Continuing Education Information

Proposed place of study: _____

Are you employed? Yes No Job title: _____

Date by which Rose McGill Grant is needed: _____

Approximate date of course completion: _____

If awarded, may we add your name to the published Circle Key Grant recipient list?

Yes No

I certify that all information provided in this application is true and complete.

Signature: _____

Date: _____