

**Sigma State Foundation, Inc.**  
**Give Back Application**  
**2023-2024**

General Information: Give Back funds are available as a reimbursement to Wisconsin State Organization chapters or to individual chapter members via the recommendation/submission of application by their respective chapters. **These awards are intended for educational activities, projects, service, leadership development training, and pursuits for which financial support from the Wisconsin State Organization Action Grant is not available. Literacy (both reading and writing) are supported through the Wisconsin State Organization-not the Give Back Grant.** If you have questions regarding the qualification of your project, please contact Ellen Dowd. Only one application per chapter per year is permitted.

Send completed application to:

Sigma State Foundation, Inc. % Ellen Dowd  
W297 N2047 Glen Cove Rd. Pewaukee, WI 53072  
[gdowd@wi.rr.com](mailto:gdowd@wi.rr.com) 262-691-1671

Application deadline: **Applications sent via the US Postal service must bear a POSTMARK of Jan 3, 2024 or before, and those submitted online must indicate a DATE SENT of January 3, 2024 or before.** Notification that your application has been received will be acknowledged upon receipt. **If you do not get a confirmation of application received in a few days after sending it to me, please call me at the above phone number-Do not email!** Chapters who submitted an application, will be notified of funding granted by the end of February, 2024.

Applying for:

- \_\_\_\_\_ Chapter Activity \_\_\_\_\_
- \_\_\_\_\_ Individual with recommendation by Chapter vote on \_\_\_\_\_

Identifying Information: Name of Chapter \_\_\_\_\_

- Chapter Contact

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

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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FOR FOUNDATION USE:

Postmark Date/Date Sent: \_\_\_\_\_

Date received: \_\_\_\_\_

Acknowledgement of receipt of application sent on \_\_\_\_\_

Please complete the following. You may use additional space, if needed.

1. Name of chapter or individual the chapter is recommending to receive the grant:
  
2. Describe the specific nature/purpose of your chapter's request, including the event/conference/description of project for which you are requesting support. If applying for an award as an individual, with chapter approval, please include the following: Current occupation, position, or role; participation in ( chairmanships,offices held, etc.); other accomplishments/achievements; and information related to the nature/purpose of your request.

3. Describe the intended/anticipated value/needs of this request as it relates to the mission, vision, and purposes of Delta Kappa Gamma.

4. List the approximate cost of anticipated expenses, **and a total** for these expenses. For example, list approximate costs for project/activity: registration fee, transportation, accommodations, supplies, postage, etc. **From these expenses, state the actual total amount you are requesting.** Please keep in mind that you may not receive the full amount requested, so you will want to indicate if the project or part of the project can be covered by other means if necessary.

5. Indicate how you will publicize the Sigma State Foundation, Inc. as a provider of this award.

6. **To receive awarded funds**, submit all receipts at one time with a brief evaluation of the success of the project to: Ellen Dowd, W 297 N2047 Glen Cove Rd., Pewaukee, WI 53072 **no later than May 13, 2025.** (Exceptions must be approved by Ellen Dowd and the Foundation board).

**NOTE: Before completing your application, it is advisable to review the “Most Asked Give Back Questions” posted on the Sigma State Foundation website. <https://dkgwso.weebly.com/sigma-state-foundation.html>**