



The North Carolina Delta Kappa Gamma Educational Foundation



Dr. Judith B. Carlson Grant PROPOSAL FORM – Fall 2024

The Carlson grant may be awarded to individuals or for projects that ignite and intrigue the imagination of educators for inspiring enriched learning experiences. This grant supports opportunities for international travel and cultural immersion allowing educators to bring broader cultural perspectives to their classrooms. It also supports unique enrichment opportunities for educators to offer students through fieldtrips, outdoor education, camping, and other experiential and diverse learning experiences. One grant of up to \$500 is available to active and retired educators in NC with priority given to those from Watauga and Avery Counties.

In any given funding cycle, an individual or group may not submit proposals for multiple grants funding the same project. A proposal by an individual for a project that has been awarded funding in a previous grant cycle may be considered for funding in subsequent grant cycles IF the request is not identical to the original project but rather enhances or builds on the original activity.

Directions Checklist:

- 1. The Proposal Form must be complete, including an itemized list of expenses to be incurred.
2. Applicants may be active or retired educators, but they must show how this activity will be beneficial to students or other educators in a school or other educational setting.
3. Include with the proposal (not mailed separately) one letter of recommendation.
4. Email proposal, in WORD or PDF, to Dr. Phyllis Broughton pbrought123@gmail.com, and copy to ncdkgef@gmail.com. Proposal must be received no later than September 30 to be considered for this grant cycle.
5. If awarded a grant, the recipient must submit, no later than August 15 of the following year, the Self-Evaluation Form accompanied by a record of experiences and a financial report showing actual expenses.
6. Your signature on the last page of the Proposal Form, indicates your acceptance of conditions of the grant as specified herein and that your application is complete.

1. PERSONAL DATA:

Applicant's Name _____
Mailing Address (street, city, state, zip) _____
Email Address _____ Phone _____

2. TEACHING EXPERIENCE: (List chronologically from most recent.)

Table with 3 columns: Place, Position, Years of Service. Contains 3 empty rows for data entry.

3. EDUCATIONAL PROPOSAL:

A. Name of organization offering the proposed educational activity.

B. Beginning date of proposed activity (mm/dd/year): _____

C. Ending date of proposed activity (mm/dd/year): _____

D. Will educational credits (i.e., CEU's) be offered? YES NO

If so, detail the credits expected to be earned: _____

4. DESCRIPTION OF EDUCATIONAL ACTIVITY: Describe the activity and educational benefits anticipated from the experience, including innovative, creative, or collaborative aspects.

5. EVALUATION: Describe how you plan to evaluate the success of this activity, in addition to completion of the **required** *Self-Evaluation Form*.

6. BUDGET: Amount requested for this grant: _____

ATTACH an itemized budget for the anticipated total cost of this project. Grant recipients will submit a financial report at the conclusion of the project showing expenditures for the amount of the grant.

7. SHARING: How will you share information about your experience? Check all that apply.

Write a brief article for publication.

Present at the NCDKG State Convention.

Share in other educational settings.

8. **REFERENCE:** Include one letter of recommendation -- do not send separately – attach with this application. Your letter of recommendation is someone you are familiar with and can speak with authority in support of the proposed educational activity.

Name of Reference: _____

Mailing Address: _____

Email: _____

9. **PUBLICITY:** Grant recipients are expected to furnish to the Foundation photos of their projects with consent from everyone in the photos for publication in brochures, newsletters, news articles, website, and the like. All publicity for grant projects must include reference to the North Carolina Delta Kappa Gamma Educational Foundation as a funding source. Copies of publicity items and photos are to be submitted with the Evaluation Form no later than August 15 of the following year.

10. **YOUR SIGNATURE** indicates acceptance of the conditions of the grant as indicated throughout the Proposal Form and by your responses herein and that your application is complete.

11. **SUBMISSION:** Email all proposal materials, including letter of recommendation to Dr. Phyllis Broughton pbrought123@gmail.com and ncdkgef@gmail.com.

Do not submit items in separate mailings. Applicant will be notified upon receipt of proposal.

DEADLINE FOR SUBMISSION

The proposal must be received no later than September 30. Proposals received after that date will not be considered in this grant cycle.

Awards will be announced on or before November 1.



The North Carolina Delta Kappa Gamma Educational Foundation
Dr. Judith B. Carlson Grant SELF-EVALUATION FORM

Must Be Submitted Following the Completion of the Project or Study by August 15.

Email requested items with this form to Dr. Phyllis Broughton pbrought123@gmail.com and copy to ncdkgef@gmail.com.

Project /Activity Title: _____

Grant Recipient: _____ Amount of Grant: _____

Date Grant received (m/d/y): _____

Date Self-Evaluation was submitted (m/d/y): _____

1. Report the approximate number of people served by this study/project: _____.
2. ATTACH a list of all expenditures with copies of receipts. Do not send separately.
3. DESCRIBE how your grant was actually used.

4. DESCRIBE your professional and personal growth experience by reflecting on what you have learned.

Thank you for furthering education in North Carolina by completing this NC DKG Educational Foundation-assisted project!