



The Alpha Delta Gamma Foundation Service Award Application

~Please provide all requested information for The Foundation to consider your funding.~

Applicant Information

Chapter: _____ Academic Year of Event: _____

Requested Award ('X'): \$1,000 _____ \$500 _____

Your Name (First, MI, Last): _____

Your Chapter Position: _____

Your Phone Number: _____

Your Email Address: _____

Chapter Information

% of Chapter Membership Participating: _____ Number of Chapter Members Participating: _____

Number of NON-ADG Members Participating: _____

Event Summary

Estimated Date(s): _____

General Location: _____

General Summary of Event: _____

Event Details

FOR \$1,000 REQUESTED AWARDS: Provide a 1-page or less description of the event in more specific details. Provide an understanding of why you/the Chapter chose this event and how it aligns with Alpha Delta Gamma values & mission. Explain how benefactors of the Award will participate. If an extended event (ie. overnight stays or days-long events), provide a general agenda (day-to-day; **not** hour-by-hour) including, where applicable, travel days, days on location performing event, days on/off location not performing the event. Specific dates of the agenda are **not** required.

FOR \$500 REQUESTED AWARDS: Provide a half-page or less description of event in more specific details. Provide an understanding of why you/the Chapter chose this event and how it aligns with Alpha Delta Gamma values & mission.

Expected Costs

<i>Supplies</i>	\$
<i>Overnight Room & Board ~or~ Local Meal Expenses</i>	\$
<i>Entertainment</i>	\$
<i>Transportation (Fuel Costs, Airline Tickets, etc.)</i>	\$
<i>Total Personal Vehicle Miles Cost (Miles x \$0.14)</i>	\$
<i>Professional Services</i>	\$
Total Cost	\$