

Kentucky Alpha Delta Kappa Scholarship

Gene Bell Offutt Enrichment Grant Guidelines

Purpose

Kentucky Alpha Delta Kappa may award annually up to five (5) grants, each up to \$500, to active members from the state at large (not districts) for the purpose of enhancing member's personal or professional life. The grant covers a time period of one year.

Eligibility

Any active Kentucky Alpha Delta Kappa member is eligible to apply if she is an active Alpha Delta Kappa member. The member must obtain the signature of her chapter president on her application form. **Applicants shall not receive the Gene Bell Offutt Enrichment Grant in two consecutive years.**

Application forms with instructions are available on the KY Alpha Delta Kappa website. If requested by the local chapter president, a postal copy will be mailed.

Responsibilities of Recipient

- The application form must be submitted to the state scholarship committee chairman postmarked by the March 1 deadline of each calendar year.
- Share skills or strategies learned with other teachers or ADK members at a state meeting or state newsletter.
- The **one-year grant(s)** will be awarded at the annual state conference/convention. The recipient must agree to **complete the activities** for which the award was granted **within the one-year time period.**
- **If the recipient is unable to complete the activities during the one year, the grant money is to be returned to the state treasurer.**
- **No substitutions** for the activities shall be made without the **written approval** of the scholarship committee.
- The recipient shall agree to mail or email a copy of the **Kentucky Alpha Delta Kappa Scholarship Completion of Activity Report** to the scholarship chairman so that it is received no later than 3 months after the completion date of the activities.

Deadline: Postmarked by March 1

Mail to: Scholarship Chairman Linda Perkins 281 Hatcher Rd, Franklin, KY 42134,

270-792-4522 perksoy@apex.net

This page shall be attached to each application.

(Version 2025)

**Kentucky Alpha Delta Kappa
Gene Bell Offutt Enrichment Grant
Application Form**

Name: _____

Address: _____

City _____ **State:** _____ **Zip:** _____

Email: _____

Cell phone: ----- **Home phone:** _____

Chapter: _____ **District:** _____ **Date of Initiation:** _____

Upon receiving this grant, I understand that if my Completion Report is not submitted to the state scholarship chair within three months after the one-year completion date, I am required to reimburse Kentucky Alpha Delta Kappa the total amount that was awarded to me.

Signature of Applicant: _____

Signature of Chapter President: _____

Amount being requested: _____

Reason for Applying

Explain plans for use of the grant including how the experience will enrich you as a person and or your chapter and community. Attach additional sheets, if need.

Deadline: Postmarked by March 1.

Mail to Scholarship Chairman, Linda Perkins; 281 Hatcher Rd., Franklin, KY 42134, 270-792-4522, perksoy@apes.net

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Kentucky Alpha Delta Kappa Scholarship

Completion of Activity Report

Name of recipient _____ Chapter _____

Check the Scholarship or Grant you received:

Name of Scholarship or Grant	✓	Completion of Activity Report Deadline
Sally Wortham Memorial Scholarship		12-month
Gene Bell Offutt Grant		3-month
Betty Riley Legacy Grant		Fall KY AΔK meeting
Sunshine Scholarship		12-month
Rosemary Weddington Leadership Enhancement Grant Southeast Regional Conference		Fall KY AΔK meeting
Rosemary Weddington Leadership Enhancement Grant International Convention		Fall KY AΔK meeting
State President & President Elect Travel Expense Grant		3 weeks after the event
Chapter President State Meeting Expense Grant		3 weeks after the event
Classroom Grant		12-month

Scholarship Amount Received \$ _____ Today's Date _____

Starting Date _____ Completion Date _____

Summarize your experience and how you will implement strategies or information gleaned from this experience.

DEADLINE: This report should be prepared and a copy along with receipts and returned via mail or email to the scholarship chairman by the deadline for that scholarship. If the report is not received by the required date, the recipient will be asked to reimburse KY Alpha Delta Kappa the total amount of the award.

Mail or Email to: Scholarship Chairman: Linda Perkins; 281 Hatcher Rd, Franklin, KY 42134, 270-792-4522; perksoy@apex.net

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Kentucky Alpha Delta Kappa

Acknowledgement of Receipt

Name of recipient _____ Chapter _____

Check the name of the Scholarship or Grant Awarded:

Name of Scholarship or Grant	✓	Completion of Activity Report Deadline
Sally Wortham Memorial Scholarship		12-month
Gene Bell Offutt Grant		3-month
Betty Riley Legacy Grant		Fall KY AΔK meeting
Sunshine Scholarship		12-month
Rosemary Weddington Leadership Enhancement Grant Southeast Regional Conference		Fall KY AΔK meeting
Rosemary Weddington Leadership Enhancement Grant International Convention		Fall KY AΔK meeting
State President & President-Elect Travel Grant		3 weeks after the event
Chapter Presidents State Expense Grant		3 week after the event
Classroom Grant		12- month

Grant amount received \$ _____

Date Funds Received _____

I acknowledge receipt of funds for the purpose stated above, and I affirm that I will use these funds for that purpose. If I am unable to complete the goals in my proposal, I acknowledge that I will return the funds to Kentucky Alpha Delta Kappa.

This form must be signed and returned to the State Treasurer within two weeks of receipt of funds.

Signature _____

(Version 2025)