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, Dec. 1 for the spring, and May 1 for the summer.**

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.
 |
|[ ]  1. Enclose two letters of recommendation or reference from:
	1. A Kappa, a friend, or a relative who knows you and your present situation.
	2. A teacher, counselor, or other person who is familiar with your academic or professional work.
 |
|  |  |
|[ ]  1. Send a transcript of your college record if available.
 |
|[ ]  1. Attach an official course description.
 |

Send all application materials to:

Kappa Kappa Gamma Foundation

6640 Riverside Drive, Suite 200

Dublin, Ohio 43017

rosemcgill@kappa.org

Name (first, middle/maiden and 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

If yes, what is your 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: |  |