Upsilon Chapter, Delta Kappa Gamma

Book Sale Grant Application 2027

To All Grant Applicants:
Please complete the attached application and submit it electronically to **teachwyo@yahoo.com** or mail to **Dr. Michelle Aldrich at 4505 E. 17th St. Cheyenne, WY 82001**. Each application should be completed as a Word or PDF document. All applications must include the cover sheet and cannot exceed three (3) pages. All applications must be postmarked no later than **February 28, 2027** in order to be considered. Awards are based on funds available and partial awards may be made.

Those who have applied or have received funds in the past must complete this year's grant application in order to be considered. Preference will be given to applications that benefit youth of Laramie County. Only applications benefitting Laramie County and used for educational purposes and/or programming will be considered.

Please note we do not fund the following:

- Appliances
- Awards
- Capital investments
- Clothing
- Food items
- Furniture
- Membership dues and fees
- Political organizations
- Religious entities
- Salaries (inc. stipends & Honorariums)
- Travel expenses (trans. and lodging)

Organizations, agencies, or individuals receiving grant monies from Upsilon Chapter of Delta Kappa Gamma of Cheyenne will provide a written report confirming completion of the project and a full accounting of expenditures. The final report is due on or before **March 1, 2028**. All grant funds must be spent to benefit the specific project or program as approved in the initial application. Unused funds will be returned to the book sale grant committee.

Funds will be distributed after committee recommendations are approved by the general membership of Upsilon Chapter of Delta Kappa Gamma of Cheyenne. Monies will be awarded during the **April 2027** chapter meeting.

Questions can be directed to Dr. Michelle Aldrich at **teachwyo@yahoo.com** or **307-760-6213**.
Good luck!
Dr. Michelle Aldrich 😊

2027 Upsilon Chapter, Delta Kappa Gamma
Grant Application

Applicant/Organization Full Name: _____

Name check should be made out to: _____

Mailing Address: _____

City: _____ Zip: _____ Phone: _____

Email: _____

Contact Name and Title: _____

Total Dollar Amount Requested: _____

Number of Youth Impacted? _____ Number of Adults Impacted? _____

What curricular area does your request apply to? _____

Please answer the following narrative questions. Do not exceed 3 pages:

1. Please provide a brief description of your organization.
2. Please provide your mission statement.
3. Briefly describe the program or project that these funds would be used for. Be specific about the activities and the learning outcomes.
4. Provide a timeline of the program or project with specific dates if possible.
5. Provide a detailed budget. List items and costs in order of preference.
6. If this project impacts adults, how does it support lifelong learning?
7. If this project impacts youth, how will it enhance or reinforce academic learning?
8. If this project is planned to continue beyond 2027, describe how it will be sustainable.

By submitting this application, I have read and understand the requirements of this application. All statements are true to the best of my knowledge.

_____ _____

Signature of Individual submitting application Date