



Kappa Kappa Kappa, Inc.
Delta Phi Chapter, Muncie

Tri Kappa Contact: _____

Request for 2020 Charitable Grant

The Delta Phi Chapter of Tri Kappa encourages and welcomes funding requests from non-profit organizations and considers requests annually.

Organization name: _____

Organization address: _____

Contact person name/phone/email address: _____

Total Grant Budget: _____

Amount requested: _____
(Grants generally range from \$250-\$1,000)

Applicable Category:
<input type="checkbox"/> Charity
<input type="checkbox"/> Culture
<input type="checkbox"/> Education

Other Funding Request(s) & Amount(s): _____

Status of Requests(s): _____

Please state the mission of your organization and summarize the goals of this specific need for which you are requesting funding. *If additional space is needed, feel free to attach to application.*

Executive Director Signature: _____ Date: _____

Mail to: Kappa Kappa Kappa, Inc.
c/o Stacey Shears
1100 W. Royerton Road
Muncie, IN 47303

Questions may be emailed to: MuncieDeltaPhi@trikappa.org

All Charitable Grant requests must be postmarked by April 1.
Charitable Grant distribution will be made before June 30.