

**South Country Education Foundation, Inc.**

**PROFESSIONAL DEVELOPMENT GRANT**

**APPLICATION COVER SHEET**

(Please print or type; use additional sheets if necessary.)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

In which South Country school do you teach? \_\_\_\_\_

What grade and/or subject do you teach? \_\_\_\_\_

How many years have you taught in South Country? \_\_\_\_\_ In all? \_\_\_\_\_

Title of Professional Development Grant \_\_\_\_\_

Anticipated dates of participation \_\_\_\_\_

Total amount requested \_\_\_\_\_

This application consists of three parts, a project description, personal statement and funding description. The application is to be submitted to **SCEF, Inc. PO Box 512, Bellport, NY 11713 IN TRIPLICATE and postmarked by the due date posted at [www.scefonline.org](http://www.scefonline.org)**. Please attach any additional information about the professional development program you are seeking to attend such as brochures, copies of information from websites, etc. to this application.

**Please have this application reviewed and initialed by the Assistant Superintendent for Curriculum, Instruction and Technology at least one week before the due date.**

**INITIAL HERE** \_\_\_\_\_.

All grant applicants will be notified by email as to the status of their application.

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**PROJECT DESCRIPTION**

Please provide answers on additional sheets.

1. Describe your professional development experience in detail and include the following:
  - Where will the professional development experience take place?
  - Who will be in attendance?
  - How long has this program been in existence?
  - How will the professional development experience specifically relate to the current curriculum used in your classroom?
  - Detail the ways your professional development experience will be integrated into your classroom through instructional practices and development of innovative aspects of the curriculum.
  - List any comments from your consultation with a relevant curriculum specialist or your department chair.
2. Describe how your professional development experience will directly impact your students and identify the populations which will be affected.
3. Give a timeline for your professional development experience including application deadline and dates of the program.
4. Give a timeline for how you intend to integrate your newly developed skills into your classroom.
5. Describe how you intend to share your experiences with fellow educators, administrators and the board of the South Country Education Foundation. Include the methods you will use to share your experiences, i.e. visual presentations, etc. Please include a proposed timeline.

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**PERSONAL STATEMENT**

Please provide answers on additional sheets.

1. Please describe your professional skills and/or experiences and explain how your professional development through this grant will further enhance those skills and experiences or will provide new skills and experiences.
2. How does the proposed professional development advance your professional goals?
3. Describe how you believe undertaking this project will impact the students in your classroom. What student performance outcomes would you expect to occur as a result of your participation through this SCEF grant?

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**FUNDING DESCRIPTION**

Please account for the disbursement of funds requested from SCEF. (Use additional sheets as necessary.)

Conference/Study Fees: \_\_\_\_\_  
Attach conference information.

Materials, Books or Equipment \_\_\_\_\_  
Attach details.

Travel expenses \_\_\_\_\_  
Attach details.

Other (explain) \_\_\_\_\_

TOTAL: \_\_\_\_\_

Are you seeking additional funds elsewhere? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please identify the organizations from which you are requesting funds, the amount of the request and date you expect to learn status of your request.

Will you be able take part in the professional development experience if additional funds are not available?

By accepting funding from the South Country Education Foundation, Inc., I agree as a condition of funding to:

- Submit a detailed accounting of SCEF funds expended as part of this grant to be submitted to SCEF within 60 days of completion of the grant.
- Present the results of this professional development experience with to my fellow educators, administrators and members of the board of the South Country Education Foundation.
- Submit results in a brief summary that may include photographs, work samples and/or other visuals for publicity purposes.
- Mention that the funding for this professional development grant was provided to me by the South Country Education Foundation, Inc. in any written statements or publicity that may occur.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail to SCEF, Inc., PO Box 512, Bellport, NY 11713 postmarked by the due date posted at [www.scefonline.org](http://www.scefonline.org).**