

# Spotsylvania Education Foundation – SEED Grant Application



## Instructions:

1. Complete the application form in its entirety.
2. Attach completed recommendation form to application.
3. Attach any pertinent documentation, including a copy of the registration plus a copy of the invoice/bill or receipt.
4. Submit all information to Angie Sullivan (Spotsylvania Education Foundation) via interoffice or email aksullivan@spotsylvania.k12.va.us by March 9, 2020 for consideration. Recipients will be notified in April, 2020.

## ELIGIBILITY

- Any employee of Spotsylvania County Schools is eligible to apply for a grant of up to \$500 to obtain financial assistance for an activity that enhances professional growth. Must be applied to activity for the 2019-2020 school year (July 1, 2019 – June 30, 2020).
- In accepting the assistance, the employee agrees to provide documentation of successful completion the course to SEF to be considered for future SEED grants.

Name: \_\_\_\_\_ School/Department: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell or Home Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Amount of money you are requesting: (up to \$500) \_\_\_\_\_

Please indicate below how you intend to use the SEED grant.

**College coursework**

Title- \_\_\_\_\_ Location- \_\_\_\_\_ Date(s)- \_\_\_\_\_

**Occupational/professional testing**

Title- \_\_\_\_\_ Location- \_\_\_\_\_ Date(s)- \_\_\_\_\_

**Professional certification**

Title- \_\_\_\_\_ Location- \_\_\_\_\_ Date(s)- \_\_\_\_\_

**Professional Development training/conference/academy**

Title- \_\_\_\_\_ Location- \_\_\_\_\_ Date(s)- \_\_\_\_\_

**Other** (Please specify \_\_\_\_\_)

Title- \_\_\_\_\_ Location- \_\_\_\_\_ Date(s)- \_\_\_\_\_

In the space below, please explain how a SEED grant will benefit/impact student learning in your classroom/school and how it aligns with the divisions Strategic Plan:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date