



SEED Grant Application Fall 2020

Introduction

The Spotsylvania Education Foundation SEED Grants are available to any employee of Spotsylvania County Public Schools in the amount of up to \$500 for financial assistance for an activity that enhances professional growth. The SEF Board of Directors has approved a total distribution of up to \$5,000 for the 2020-21 school year. All 2020-21 SEED Grants are expected to be distributed in December 2020. The SEED Grant program's application dates and review process are managed by the SEED Grant Committee and SEF Board of Directors.

Eligibility Criteria:

- 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 an activity completed during the 2020-2021 school year (July 1, 2020 – June 30, 2021).
- In accepting the assistance, the employee agrees to provide documentation of successful completion of the activity to SEF to be considered for future SEED Grants.

Application Instructions:

- All forms can be found on SEF's website (<https://www.sef4education.org/>) under Grant Opportunities.
- A complete application packet must be submitted electronically to aksullivan@spotsylvania.k12.va.us by **11:59 on Monday, November 16, 2020**. No hard copy applications will be accepted. Application materials maybe be scanned and submitted as one document or separate documents can be attached and submitted in the same email.
- Application packets must include the following.
 1. A completed SEF SEED Grant application form. All application information must be typed in this fillable-pdf form. Download form and check that information entered is being saved by closing and reopening form.
 2. A completed SEF SEED Recommendation form.
 3. Documentation of professional development activity. This should include a copy of printed description and printed cost of activity. If applicant has already registered, please include a copy of registration plus the invoice/bill or receipt. If completed, include documentation of successful completion.
- A SCPS Grant Approval Form with both applicant and school principal/department supervisor signatures along with a copy of entire grant application packet must be sent to abelako@spotsylvania.k12.va.us by **November 18, 2020**.



SEED Grant Application Fall 2020

Name: _____ Job Title: _____

School/Department: _____ Work Phone: _____

Cell or Home Phone: _____ Amount of money requesting (up to \$500): _____

Please indicate below how you intend to use the SEED Grant (*select one*):

College Coursework

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): _____

Please indicate how the professional development activity relates to your position and professional development goals. *Maximum length is 1,250 characters.*

Please indicate how the professional development activity will impact students including the number of students expected to be impacted and the degree that learning will be shared with other colleagues (in your school and/or across the division). *Maximum length is 900 characters.*

Please indicate how the professional development activity aligns with the Division’s Strategic Plan. *Maximum length is 625 characters.*

Check box and provide the following information if applicant has applied for or received funding from other sources to support this professional development activity.

Applied but not yet notified

Applied and selected

Applied but not selected

Source: _____ Amount: _____ Award Notification Date: _____

Application Packet Checklist (*all components must be checked*):

All SEF SEED Grant Application questions are complete.

SEF SEED Recommendation Form is included in application packet.

All required and applicable documentation is included in application packet.

I agree to send SCPS Grant Approval form with appropriate signatures and a copy of the complete application packet to abelako@spotsylvania.k12.va.us by November 18, 2020.

If awarded, I agree to submit documentation of successful completion once the professional development activity is finished.

Please check box and type in your name and date below to certify that all information entered into this application is correct.

Name: _____ Date: _____