



# SEED Grant Recommendation Form Fall 2020

**Dear Administrator or Supervisor,**

You have been selected by the SCPS employee named below to provide your recommendation of the applicant for a Spotsylvania Education Foundation professional development SEED Grant. Please download form and check that information entered is being saved by closing and reopening form. When you have completed this form, **please return the form directly to the applicant** so they can include it in their application packet.

**Applicants must electronically submit their completed application packets, which include this recommendation form, to [aksullivan@spotsylvania.k12.va.us](mailto:aksullivan@spotsylvania.k12.va.us) by 11:59 on November 16, 2020.**

**Applicant Information:**

Applicant's Name: \_\_\_\_\_ School/Department: \_\_\_\_\_

**Please answer the follow questions about the applicant.**

Why do you believe this applicant is a worthy recipient for a SEED grant? Be specific and include comments in the areas of performance, citizenship, leadership, and responsibility. *Maximum length is 900 characters.*

How does the course/conference/certification that the grant will be used towards relate to their professional development? *Maximum length is 500 characters.*

How long have you known this individual? \_\_\_\_\_

**Please check box and type in your information and date below to certify that you have entered all of the information in this recommendation.**

Recommender's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
School/Department: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your time and participation in this process. If you have any questions, please contact Angie Sullivan at [aksullivan@spotsylvania.k12.va.us](mailto:aksullivan@spotsylvania.k12.va.us).*