



## 2019 - 2020 Professional Development Grant Application

**Professional Development Funds Available:** Thanks to the vision and generosity of former SISD administrators, Drs. Lyle and Sandi Froese, the Sherman Education Foundation maintains a fund specifically designated for Professional Development with preference for teachers of mathematics and science and school counselors. The maximum amount per award is \$1,000 for the selected teacher and/or counselor to attend a seminar or convention to enhance his or her professional skills.

**Name of Professional Development Seminar or Convention:** \_\_\_\_\_

*Campus/Dept Name – Convention/Seminar Name or Title*

**Location:** \_\_\_\_\_ **Date(s):** \_\_\_\_\_

**Applicants:**

Print Name

Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lead PD email address: \_\_\_\_\_

**Department/Subject Taught:** \_\_\_\_\_

**Grade Level(s):** \_\_\_\_\_ **Number of Students Impacted:** \_\_\_\_\_

**Amount Requested, up to \$1,000 per person:** \$ \_\_\_\_\_

*(include registration, hotel, travel and meals)*

**Principal's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submission Deadline: October 31, 2019 by 4:00pm**

**Questions:** Kathy Bickerstaff, Executive Director 903.891.6431 or [kbickerstaff@shermanisd.net](mailto:kbickerstaff@shermanisd.net)

**Email completed applications to [kbickerstaff@shermanisd.net](mailto:kbickerstaff@shermanisd.net)**

**AND**

**Submit a hard copy of the Cover Page, with all required signatures to  
Kathy Bickerstaff, Sherman Education Foundation, SISD Service Center**



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**PROJECT TITLE:** \_\_\_\_\_

### **Professional Development Seminar/Convention Description & Purpose**

In your narrative, describe how your skills as a teacher or counselor will be enhanced and how your students will benefit.

### **Professional Development Objectives**

What do you expect to accomplish? How and when will you know you have succeeded?

### **Campus Improvement Plan**

How does the professional development opportunity align with campus improvement goals?

### **Professional Development Evaluation**

Describe how you will measure the success of the seminar/convention.

## Grant Budget Form

**Provide detailed itemization of all costs, travel and website link to the seminar/convention.  
Sherman ISD travel procedures apply for travel, overnight stay, food, etc.**

*If the cost of the seminar/convention is greater than the grant award of \$1,000 per person, include additional sources available to supplement the cost under Other Funding.*

Budget Categories	Other Funding	SEF Funding Request
Registration		
Travel  Personal Vehicle: ___ miles @ \$0.545/mile  OR  SISD Vehicle: ___ miles @ \$0.35/mile		
Hotel Accommodations		
Meals  ___ Breakfast @ \$8/each = \$ ___  ___ Lunch @ \$10/each = \$ ___  ___ Dinner @ \$18/each = \$ ___		
<b>Total</b>		

**As a reminder:**

- Grant recipients must submit a completed Professional Development Evaluation to SEF upon completion of the seminar/convention.
- Failure to provide the Professional Development Evaluation will prohibit the applicant(s) from submitting future grant requests.