

**Florida DKG Educational Foundation**

**Professional Development Award Application**

## Information Sheet

This application is valid for the funding beginning April 1, 2021

Thank you for seeking information about the Florida DKG Educational Foundation Professional Development award. It is an individual and not a group award.

**What is the Florida DKG Educational Foundation Award?**

The Florida DKG Educational Foundation Award for professional development is an award granted to employed Florida educators to participate in professional seminars, workshops, lecture series, on-line courses, and other non-degree program opportunities that relate specifically to an applicant’s professional aspirations and/or current educational assignment.

Professional development is defined as *a growth-promoting learning process that empowers employed educators to further excellence in education.*

**What is the Florida DKG Educational Foundation?**

On April 18, 2015, during the Florida (Mu) State Organization Convention, a motion was adopted to establish The Florida DKG Education Foundation. It was founded on June 1, 2015, to provide funding for activities that support professional and personal growth of educators in Florida.

**What does the award fund?**

The Professional Development Award funds participation in professional development activities sponsored by organizations or institutions other than The Delta Kappa Gamma Society International. This includes presentations/attendance at conferences that will contribute significantly to the educator’s own professional development.

The award may pay for registration fees and conference-related materials, travel, lodging, substitute teacher, if not provided by the district, and other expenses necessary for participation in the professional development activities with the exception of food. These activities shall take place between **April 1, 2021, and March 31, 2022.**

The award may not be used for: 1) attendance at Society-sponsored events, 2) college or university courses leading to the completion of a degree program, or 3) reimbursement of expenses for activities already completed.

(continued on next page)

**Who may apply, and how often?**

Only employed Florida educatorsmay apply for a Professional Development Award. An individual may receive only one Professional Development Award.

Notification of acceptance or non-acceptance will be made approximately one month following the deadline for receipt of applications.

**How will the award be received**? If an application is approved, applicants

may receive an award for the full amount or only a portion of the amount requested, but no award will exceed $1,500.

will receive the full amount awarded with notification,

shall submit verification of participation (copies of receipts and/or certificate of completion) within fourteen (14) days after completion date;

shall return the award funds if unable to implement award; and

may not transfer the award funds.

**What if I receive another award for the same activity?**

In order to avoid duplication of funding, an applicant submitting an application to another funding source for the same professional development event stated in this application must inform the chair of the Florida DKG Educational Foundation if notified of an award from another source for the same activity.

**How do I submit the application?**

**Application Deadline: February 1, 2021**. Applications will be considered only if submitted electronically on or before February 1. Submit by email the completed application with the required attachments to [AWARDS.FLDKGEF@gmail.com](mailto:AWARDS.FLDKGEF@gmail.com). Upon submission, an email confirmation will be sent as proof of receipt.

Promotion of the Florida DKG Educational Foundation is expected of all recipients of an award. Submission of this application indicates your agreement to supply the Florida DKG Educational Foundation with pictures and text to substantiate the use of funding from any awards received. You are also granting your permission for these pictures/texts to be used by the Foundation on its website and social media platforms without compensation.

The rubric is included for the applicant’s information. Applications will be scored using this rubric.

Florida DKG Education Foundation Professional Development Award

Scoring Rubric

**1.** Disqualifications: Application is rejected if any of the following (A – M) apply. Note on rating sheet by letter all that apply.

A. Funding is requested for a degree program

B. Responses are incomplete

C. Applicant's name is not inserted in the agreement statement on the last page of the application

D. Application lacks original documentation

E. Attending/presenting at a conference not pertinent to applicant’s educational specialization/

employment

F. Applicant is requesting reimbursement

G. Professional development activity is not specific to career goals or present position

H. Specific need for the requested professional development is not demonstrated

I. Applicant for National Board Certification or Recertification not yet accepted in the program

J. Applicant is not requesting funding for the applicant's professional development

K. Applicant is currently unemployed

L. Applications from the same school or different schools have identical wording

M. Applicant uses outdated form

2. Current Educational Position TOTAL POSSIBLE: 15

A. Currently employed in the delivery of educational services at the 0-5

Elementary level Secondary level

College or University Other

B. Early career (0-10 years of experience) or second educational career 0-5

C. Degree(s) reflect teaching specialty and commitment to professional 0-5

development

3. Proposed Professional Development Activity TOTAL POSSIBLE: 55

A. Enhancing professional abilities 0-15

(How directly related is the activity to the applicant's current position?

How closely related might it be to a new educational direction the

applicant wishes to take?)

B. Goal(s) for student improvement 0-15

(Should include numbers of students affected by the activity with

evidence cited through level of achievement, specific learning

strategies, standards met, or cultural/behavioral attitudes)

C. Commitment to sharing with professional colleagues 0-10

(To what degree is there a definitive plan for sharing?)

D. Quality of proposed professional development activity 0-10

(Is provider a known, reputable organization/person(s)?)

(Documentation required)

E. Does proposed professional development activity offer a unique experience? 0-5

(Appropriate for specialization, new trend, and/or cutting edge in applicant’s field)

4 Anticipated Expenses TOTAL POSSIBLE: 20

A. Cost of registration is comparable with length and quality of activity 0-10

(Documentation required)

B. Applicant shows restraint in estimating costs of transportation and lodging

(Documentation required) 0-10

5. Quality of Application TOTAL POSSIBLE: 10

Overall quality of application 0-10

TOTAL OUT OF POSSIBLE 100 \_\_\_\_\_\_\_\_\_\_



Florida DKG Educational Foundation

Professional Development Award Application

**This application form must be submitted, by email, on or before February 1, 2021.**

The first time you use an acronym, the words must be written out with the short form placed in parentheses immediately after.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Event**:Click or tap here to enter text. | | | | | | | | | | | | | |
| **Sponsoring Organization**: | | | | | | | | | | | | | |
| **Are you a member of the sponsoring organization?** Yes No  Membership is not required. | | | | | | | | | | | | | |
| **Location of Event**: Click or tap here to enter text. | | | | | | | | | | | | | |
| **Beginning and Ending Date**: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Name**: Click or tap here to enter text. | | | | | | | | | | | | | |
| **Street Address**:Click or tap here to enter text. | | | | | | | | | | | | | |
| **City, State, Zip Code**: | | | | | | | | | | | | | |
| **Phone**: Click or tap here to enter text. | | | | | | | | | | | | | |
| **Email Address**: Click or tap here to enter text. | | | | | | | | | | | | | |
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| **Current Educational Position (Title, Subject, Level):** | | | | | | | | | | | | | |
| **School District Name:** | | | | | | | | | | | | | |
| **School/Employment Site:** Click or tap here to enter text. | | | | | | | | | | | | | |
| **Years of Educational Experience:** | | Click or tap here to enter text. | | **Highest Degree Held:** | | | | | | Click or tap here to enter text. | | | |
| **Major Emphasis/Specialty:** |  | | | | | | | | **Year Conferred:** | | | | Click or tap here to enter text. |
|  |  | | | | | | | |  | | | |  |
|  |  | | | | | | | |  | | | |  |
| **Are you a member of Delta Kappa Gamma?** | | |  | | Yes |  | No | **Chapter/State** | | | | Click or tap here to enter text. | |
| Membership not required. | | | | |
|  | | | | | | | | | | |

**Proposed Professional Development Activity: Please write a comprehensive response in the expandable boxes for the following:**

* **Description of the professional development activity with activity documentation attached.**

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* **How will your participation enhance your professional abilities?**
* **How will your participation enhance educational excellence for your students? Include the number of students affected.**

* **How will you share the information learned with professional colleagues?**

Click or tap here to enter text.

* **Should you not receive the full amount requested, will you attend the professional development activity?**

**List and total anticipated costs (US Dollars)** of participation and anticipated funding assistance from other sources. **Attach complete copies of brochures or web pages showing registration fee, cost of flight and hotel rates. PROVIDING WEB LINKS IS NOT SUFFICIENT. Other expenses may be estimated.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **Anticipated** |
| **Expense** | **Cost (US $)** |  | **Other Funding Assistance** | **Amount (US $)** |
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| **Total Anticipated Expenses (Less other funding sources) (US $):** | Click or tap here to enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How did you learn about this source of funding?** |  | DKG |  | Other­ ­ |  |

|  |  |  |
| --- | --- | --- |
| **If my request is approved, I** | Click or tap here to enter text. | **understand and agree to the following:** |
|  | (insert name) |  |

I may receive an award for the full amount or only a portion of the amount requested; will receive the full amount awarded with notification, but no award will exceed $1,500; shall submit documentation of participation (copies of receipts and/or certificate of completion) within fourteen (14) days after completion date; shall return the award funds if unable to implement award; and may not transfer the award funds.

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05/6/2020BEH