



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 SEED Grant program's application and review process are managed by the SEED Grant Committee and the 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.
- 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.

Evaluation Criteria:

The SEED Grant Committee will base their review on the following as it relates to the requested professional development activity:

- Relationship to applicant's position
- Dissemination of learning
- Relationship to professional development goals
- Support of the Division's Strategic Plan
- Impact on students
- Recommendation letter

Application Instructions:

- All forms can be found on SEF's website (<http://www.supportsef.com>) under Grant Opportunities.
- A complete application packet must be submitted electronically to sef4education@gmail.com by **5:00 pm on April 4th, 2025**. 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 (additional attachment). This must include **a copy of published activity description** (e.g., from website or catalog) and **published 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 sef4education@gmail.com by **April 4th, 2025**.



Name: _____ Job Title: _____

_____ School/Department: _____ Work _____

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

Please indicate the type of professional development activity for which you are requesting a SEED Grant (*select one*).

College Course Training Conference Professional Certification Other

(specify): _____

Professional Development Activity Details:

Title: _____
_____ Offered/presented by: _____ Start Date: _____ End Date: _____ Total
Cost of Activity: _____

Please explain in detail how the professional development activity relates to your position and professional development goals. *Maximum limit is 1,250 characters.*

Please explain in detail how the grant activity will benefit/impact students including the number of students expected to be impacted. *Maximum length is 750 characters.*

Please explain in detail the degree that learning will be shared with other colleagues (in your school and/or across the division). *Maximum length is 750 characters.*

Please explain in detail how the professional development activity aligns with the Division's

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.

Published description of activity and cost 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 sef4education@gmail.com by April 4th, 2025.

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: _____