

Davis Joint Unified School District
Professional Development and Collaboration Grants
Request for Funding
 2010-2011

Please complete the fields below as a word document. Handwritten applications will not be accepted.

| | | | |
|---|--|-----------------|--|
| Name(s): | | School: | |
| Grade Level | | Today's Date: | |
| Project Title/Conference | | | |
| Conference/Workshop Date: | | How many hours? | |
| | | | |
| 1. What is the purpose of this workshop/conference? | | | |
| 2. How does this work align with the criteria listed on the cover letter? | | | |
| 3. What is the expected outcome of this work? | | | |
| 4. How will you or your group share your learning with others so that this work does not become an isolated event? | | | |
| 5. What end product will you provide (a copy of a binder with lesson plans; coordinated assignments and updated course outlines; verification of attendance at a conference with evidence of subsequent classroom application; an updated scope and sequence for a course; etc.)? | | | |
| 6. How does this workshop align with District/School goals and how will it benefit your teaching assignment? | | | |

This workshop is, or is not, during regular working hours. *(If funding is approved for a substitute or to compensate you for your time you will not be able to use these staff development hours towards salary placement).*

Detailed List of Funding Requirements (release time, conference registration, etc):

| Description | Amount |
|---------------------------------|--------|
| Release Time (sub cost = \$107) | |
| | |
| | |
| Total | |

Principal Approval _____

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 Professional Development and Collaboration Grant Committee Approval: ___ Yes ___ No

Signature _____
 Associate Superintendent

Date _____