

## **Decorah Community School District Foundation Faculty Development Award**

**Who is eligible?** Full time faculty in the Decorah Community Schools is eligible.

**Purpose:** The purpose of this award is to encourage faculty to attain an advance degree in order to become a more effective teacher. This award is for faculty that intends to interact directly with students. (An advanced degree in administration is not eligible.)

**What programs will be eligible for funding?** A graduate degree in an accredited university masters or doctorate program will be eligible for funding. The degree must be in the applicant's specific subject or area of teaching

**How much will be awarded?** The finance committee of the Decorah Community School District Foundation (DCSD Foundation) shall determine the amount of funds available each year. The total amount awarded shall never exceed 5% of the principal amount of the Faculty Development Endowment. Designated yearly funds shall be used in the year they are awarded.

**Proof of completion:** Upon completion of the course the recipient shall provide to the DCSDF an invoice for tuition from the university attended. The award shall not exceed more than 75% of the cost of tuition. The award shall not exceed \$500.00.

**Who shall serve on the selection committee?** The committee shall consist of three or five members of the DSCD Foundation. One member shall be designated as chairperson.

**What shall be the selection criteria?** Faculty shall complete an application stating their name, address, current teaching assignment and current teaching salary, (do not include extra duty income). The application shall identify the program for which funding is requested, the institution sponsoring the program, and the dates the course is offered. The applicants with the lowest base salaries will have priority. If a person receiving the award cannot use the funds the funds will be awarded to the next qualifying applicant.

**When are applications due?** Applications shall be due by May 1 of each year. Completed applications shall be submitted to the DCSD Foundation at the DCSD Central Administration building and forwarded to the chairperson of the selection committee. Selection shall be made by May 31 of each year at which time the recipient shall be notified by letter.

**What are the post-program requirements?** The recipient must be willing to submit to the Foundation a report on the course/program attended. This report may be a written or verbal presentation to the Foundation Board Members.

**DECORAH COMMUNITY SCHOOL DISTRICT FOUNDATION FACULTY DEVELOPMENT AWARD**  
**APPLICATION FOR FUNDING**  
*(Please complete in ink.)*

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current Grade/Subject Teaching: \_\_\_\_\_

Name of University: \_\_\_\_\_

Location: \_\_\_\_\_

Name of Graduate Program admitted to: \_\_\_\_\_

Course Name: \_\_\_\_\_

Date of course: \_\_\_\_\_

Description of your graduate program, (Please attach documentation of your acceptance into this accredited program)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you seeking this advance degree and how will it benefit your students?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the costs of attending this course/program?

Tuition: \_\_\_\_\_

Books/Materials: \_\_\_\_\_

Transportation: \_\_\_\_\_

Total: \_\_\_\_\_

Are there any special circumstances the selection committee should consider?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorization for Release of Information: I, the undersigned, do authorize the Decorah Community School District Foundation to release information which is contained in my Faculty Development Award application form to any person or entity for any purpose which is related to the goals and objectives of the DCSD Foundation. (A photocopy or exact reproduction of this authorization for release of information shall have the same effect as the original.)

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to the DCSD Central Administration Office, 510 Winnebago St. Decorah, IA 52101, on or before the due date of May 1 of each year.