



SHADY SIDE ACADEMY

PROFESSIONAL DEVELOPMENT PROGRAM REQUEST FOR CONSIDERATION

DATE OF REQUEST: _____

NAME: _____ SCHOOL: CD JS MS SS ADMIN

DEPARTMENT/POSITION: _____

Faculty Study Grants

DESCRIPTION: These study grants provide tuition reimbursement to teachers and administrators taking graduate courses for certification and/or advanced degrees. They are designed to encourage the Academy's faculty and administrators to continue their professional growth and improve their effectiveness as educators and/or facilitators.

ELIGIBILITY: Any member of the Academy faculty or administration, regardless of years of service, is eligible to apply for academic year study grants.

CONDITIONS: Recipients must attend an accredited college or university taking courses leading to certification or be enrolled in a graduate degree program directly related to the applicant's current or projected responsibilities, or in non-degree courses or special programs (but not workshops) conducted by an accredited college or university and directly related to the applicant's current or projected responsibilities or programs under the aegis of institutions generally recognized for excellence in the field in which the program is offered. The Academy will fund only evening or on-line graduate courses during the academic year. The maximum amount an applicant may receive in any academic year is \$6000. Up to \$150 will be allowed for textbooks. Recipients will, upon completion of the grant, submit a written evaluation of the work covered by the grant to their respective school head or supervisor. **In addition, teachers will be required to remain an employee at The Academy for one (1) year following the completion of their program or earned degree. If the applicant leaves The Academy before the end of that required year of service they will be required to reimburse tuition monies totaling \$6,000, the amount applicants receive for one (1) year of a Faculty Study Grant.**

What degree do you currently hold? _____ How many credit hours beyond the degree have you completed? _____

What institution do you plan to attend? _____

Please list the course names(s), date(s) and tuition(s) to be covered by the requested grant:

	<i>COURSE</i>	<i>DATES</i>	<i>TUITION</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

If any of the above courses are being taken as part of an advanced degree program, please explain:

Please indicate briefly, for each course, how the information gained therein related directly to your current or projected responsibilities at Shady Side Academy. Continue on the reverse if necessary.

Signature _____ Head's Approval _____