SEPTA
Special Education Parent Teacher Association

PROFESSIONAL DEVELOPMENT GRANT APPLICATION

Please return completed forms via e-mail to: somerssepta@gmail.com

Name: __________________________ Date: __________________________

Email: __________________________________________________________

Phone # and Extension: ____________________________________________

School: __________________________ Class or Special Area: ____________

Description of Requested Professional Development: __________________

_________________________________________________________________

How will the training benefit students? ________________________________

_________________________________________________________________

Dollar Amount Requested:___________________________________________

TO APPLY FOR A GRANT: Submissions will not be accepted after March 31st.

(a) Applicants MUST be SEPTA Members
(b) Training should be for academic, social, sensory or cultural enrichment
(c) Applicant(s) must provide feedback to SEPTA Board by the end of the school year
(d) Professional development is not for funding training that should be supplied by school district, and grants cannot pay for transportation.
(e) All training, materials and cost must be clearly stated on the application.
(f) Purchase and invoice MUST be submitted within 45 days of grant approval.

1) Grant to benefit: □ Class □ Grade Level □ Other _______________________

2) Can the training be integrated into the curriculum in the future? YES NO

3) How many students will the grant benefit? _____________________________

4) Grant reviewed by building administrator AND Stacey Elconin (2 Signatures Needed Below):

_________________________________  ___________________________________