# 2025-2026 Principal Professional Development Grant

Please complete all sections below. If application is not complete, you grant will not be considered by the selection committee.

* This form will record your name, please fill your name.

## Cover Page

1. Applicant (First and Last Name) *

2. Conference/Workshop Title *

3. School *

4. Dates of Conference/Workshop *

Application

5. **Name of Conference/Workshop** *

6. **How does the Conference/Workshop relate to the York County School Division strategic educational plan?** *

7. **How will the Conference/Workshop impact student learning and/or student success?** *

8. **How will the conference/workshop enhance your professional growth?** *

9. **How do you plan on sharing the knowledge gained from the Conference/Workshop** *

10. **Itemized Budget -** List all costs associated with this application including travel, lodging and food. Please enter one item per line. *

11. **Amount Requested** (no more than $2500) *

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