

#### Virginia Association of Agricultural

Educators 5075 Catawba Creek Road Catawba, VA 24070

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"A national voice – A unifying force"

# Dr. Glenn Anderson Professional Development Scholarship

#### **GUIDELINES**

1. The Dr. Glenn Anderson Scholarship provides funds for expenses related to professional development classes, conferences, meetings, and workshops offered by the Virginia Association of Agricultural Educators (VAAE), National Association of Agricultural Educators (NAAE), or other professional organizations. Funds may be used for registration, travel, books, materials, etc.

2. The maximum award amount is \$500 per person. Funding may be provided for full or partial expenses. Funds will be distributed within 30 days after receiving 1) payment receipts and/or 2) proof of enrollment of/attendance at/completion of the professional development opportunity.

3. Applications will be accepted at any time, but will be reviewed during the Advisory Council spring meeting. Late or incomplete applications will not be considered.

#### ELIGIBILITY

1. Applicants must be full dues paid VAAE member and have maintained membership at least six months prior to the application deadline.

2. Applications must be submitted for future training opportunities; funding will not be provided to reimburse prior professional development activities. Activities must be completed within one year of the award.

3. Financial need will be taken into consideration. Our intent is to assist professional agricultural educators with their individual out-of-pocket expenses, not supplant grant, contract or state funding.

#### SELECTION CRITERIA

1. Applications will be rated on the responses to each of the three application questions: description of the event/activity, goal for the activity, and how the activity relates to the applicant's professional development.

2. Out of pocket expenses will be taken into consideration.

Phone: (540) 641-1854

3. Scholarships will be awarded based on the ratings of the application questions, financial need, and the total amount requested by all applicants for any particular quarter.

#### APPLICATION CHECKLIST

Complete the Application Form; be sure to include the following:

- □ Itemized expenses, percentage or amount covered by the Dr. Glenn Anderson Scholarship, and total expense amount.
- $\Box$  Responses to the application questions
- □ A copy of the class/conference/professional development opportunity brochure with your application form.
- □ Applicant signature



## Dr. Glenn Anderson Professional Development Scholarship Application Form

| Applicant Name:   |                   |   |         |
|---|-------------------|---|---------|
| School:   |                   |   |         |
| Street:   |                   |   |         |
| City: Zi  | p:                | Email:  |         |
| School Phone:   |                   | School Fax:   |         |
| Length of time in current position:   |                   | Length of time as VAAE member:  |         |
| Title of professional development opportunity   | /:                |   |         |
| Date(s) of class/conference:  | Locat             | ion:  |         |
| Amount Requested: \$ (\$500 ma  | ximum per person) |   |         |
| <b>Expenses</b><br>Itemize the development opportunity expenses<br>reimbursed by the scholarship and/or your wo |                   | ly how much of these expenses, if any, will be covered lless of whether a scholarship is awarded. | l or    |
|   |                   | Amount or 9   | %       |
| Amount  | Description       | Covered by Scho   | larship |
|   |                   |   |         |
|   |                   |   |         |
|   |                   |   |         |
| Total Expenses: \$  |                   |   |         |
|   |                   |   |         |

### **Applicant Questions**

Please address the following questions individually on a separate page (350 word maximum):

1. What is the professional development activity that you wish to participate in? Please provide a clear description in your own words. Additional brochures or course listings may be attached.

2. What are your goals for this activity and how will you reach them? Please outline your plan for participation and your expected outcomes.

3. **How will this activity relate to your personal professional development?** Please explain how you and/or your professional career will benefit from this activity. The committee is looking to support applicants whose proposed activity will have a significant benefit to the VAAE member as an individual.

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

Date: