

Form EF2

**Application Information Sheet**

**Lucile Cornetet INDIVIDUAL Professional Development (CIPD) Award**

This application Information Sheet is valid for the following CIPD award deadlines:

 September 1, 2019 and February 1 and May 1, 2020

Thank you for seeking information concerning the Cornetet INDIVIDUAL Professional Development (CIPD) award.

**What is the Cornetet Award?**

The Lucile Cornetet INDIVIDUAL Award for Professional Development is an award granted to educators to participate in professional seminars, workshops, lecture series, on-line courses, and other non-degree program opportunities that relate specifically to an applicant’s professional aspirations and/or current educational assignment.

Professional Development is defined as *a growth-promoting learning process that empowers employed educators to further excellence in education.*

**Who is Cornetet and what is the sponsoring organization?**

A bequest to The Delta Kappa Gamma Society International from the Lucile Cornetet estate was the basis for the establishment of the Lucile Cornetet Professional Development Fund. Miss Cornetet was a long-time educator in Ohio. The Delta Kappa Gamma Society International promotes the professional and personal growth of women educators and excellence in education. The Delta Kappa Gamma Educational Foundation supports and encourages intercultural understanding and educational excellence.

**What professional development does the CIPD award fund?**

The Lucile Cornetet Individual Professional Development Award funds participation in professional development activities sponsored by organizations or institutions other than The Delta Kappa Gamma Society International. This includes presentations/attendance at conferences that will contribute significantly to the educator’s current educational position and/or professional development for the applicant’s stated aspirations.

CIPD will no longer fund United States National Board Certification fees or classes.

The award may pay for registration fees and conference-related materials, travel, lodging, food, substitute teacher, if not provided by the district, and other expenses necessary for participation in the professional development activities.

If you are applying to attend any conference sponsored by Staff Development for Educators (SDE), please make sure that your documentation is clearly highlighted as to the expenses you will be incurring.

The award may not be used for: 1) attendance at Society-sponsored events, 2) college or university courses leading to the completion of a degree program, or 3) reimbursement of expenses for activities already completed.

**Who may apply, when should an applicant apply, and how often can they apply?**

Only employed educatorswho meet the stated professional development definition may apply. Applicants may receive a Cornetet Award only once, although they may apply up to two times a year should earlier applications be unsuccessful. CIPD activities must occur after the funds are awarded. Awards will not fund pre-award activities. The guidelines for application timing is as follows:

**Activity occurs between: Apply no later than:**

October 15 – May 15 September 1

March 15 – October 15 February 1

June 15 – February 15 May 1

 Notification of acceptance or non-acceptance will be made approximately one month following each deadline.

**How will the CIPD award be received**? If an application is approved, applicants

* may receive an award for the full amount or only a portion of the amount requested;
* will receive one-half of award amount with notification;
* will receive the remainder of the award upon verification of participation (copies of receipts and certificate of completion) but no award will exceed $2,000;
* shall submit this documentation within fourteen (14) days after completion date;
* shall return the award funds if unable to complete the staff development for which it was granted; and
* may not transfer any part of the award funds to a different (or additional) professional development activity.

**How do I submit the application?**

Applications and documentation must be submitted electronically as email attachments on or before the dates of February 1, May 1, or September 1 of each calendar year. The completed application should be sent to the Educational Foundation Specialist at lcpd@dkg.org. Upon submission, an email confirmation will be sent as proof of receipt.

Award recipients agree to acknowledge and promote the Educational Foundation in conjunction with the funded event/project. Acceptance of an award constitutes an agreement to provide documentation (photographs, text, etc.) suitable for publication or use in publicity as well as permission for use of the documentation in print and digital communication about the Educational Foundation without compensation.



Scoring Rubric

Lucile Cornetet INDIVIDUAL Professional Development (CIPD) Award

This Scoring Rubric is valid for the following CIPD award deadlines:

September 1, 2019 and February 1 and May 1, 2020.

1.Disqualifications: Application will not be considered if any of the following (A – M) apply. Note on rating sheet (by letter) all that apply.

A. Funding requested for a degree program

B. Responses are incomplete

C. Signature not included

D. Application lacks original documentation

E. Attending/presenting at a conference not pertinent to applicant’s educational specialization/

 employment

F. Applicant is requesting reimbursement

G. Professional development activity is not specific to career goals or present position

H. Specific need for the requested professional development is not demonstrated

I. Applicant is requesting funding for other than the applicant's professional development

J. Applicant is currently unemployed

K. Applications have identical wording from the same school or different schools

L. Uses outdated form

M. Incorrect round of funding

2. Current Educational Position TOTAL POSSIBLE: 15

 A. Currently employed in the delivery of educational services at the 0-5

 Elementary level Secondary level

 College or University Other

 B. Early career (0-10 years of experience) or second educational career 0-5

 C. Degree(s) reflect teaching specialty and commitment to professional 0-5

 development

3. Proposed Professional Development Activity TOTAL POSSIBLE: 55

 A. Enhancing professional abilities 0-15

How directly related is the activity to the applicant's current position

and/or to a new educational direction the applicant wishes to take?)

 B. Goal(s) for student improvement 0-15

 Include numbers of students affected by the activity and any anticipated

 Changes in achievement, teaching and learning strategies and student

 Behaviors or attitudes

 C. Commitment to sharing with professional colleagues 0-10

 Cite several specific ways in which information would be shared

 D. Quality of proposed professional development activity 0-10

 Is provider a known, reputable organization/person(s)?

 (Documentation required)

 E. Does proposed professional development activity offer a unique experience? 0-5

 Is it appropriate for specialization, new trend, and/or cutting edge in applicant’s field)

4 Anticipated Expenses TOTAL POSSIBLE: 20

 A. Cost of registration is comparable with length and quality of activity 0-10

 (Documentation required)

 B. Applicant shows restraint in estimating costs of transportation, lodging, and meals 0-10

 (Documentation required)

5. Quality of Application TOTAL POSSIBLE: 10

 Overall quality of application 0-10

 TOTAL OUT OF POSSIBLE 100 \_\_\_\_\_\_\_\_\_\_

Application Form

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September 1, 2019 and February 1 and May 1, 2020

If acronyms are used, on the first reference write out the name followed by the acronym enclosed in parentheses. Example: Delta Kappa Gamma Educational Foundation (DKGEF) or Cornetet Individual Professional Development (CIPD).

|  |
| --- |
| **Name of Event**:      |
| **Sponsoring Organization**:       |
| **Location**:       |
| **Beginning and Ending Date**:       |
|  |
|  |
| **Name**:       |
| **Street Address**:      |
| **City, State, Zip Code, Region, Country**:       |
| **Phone**:       |
| **Email Address**:       |
|  |
|  |
| **Current Educational Position (Title, Subject, Level):**       |
| **School District Name:**       |
| **School/Employment Site:**       |
|  **Years of Educational Experience:** |       | **Highest Degree Held:** |       |
|  **Major Emphasis/Specialty:** |       | **Year Conferred:** |       |
|  |  |  |  |
|  |  |  |  |
|  **Are you a member of Delta Kappa Gamma?** | **[ ]**  | Yes | [ ]  |  No | **Chapter/State** |       |
| Membership not required. |
|  **Have you within the last year applied for Lucile Cornetet Award for Professional**  **Development funds?** | **[ ]**  | Yes | [ ]  |  No |
|  If yes, please indicate for which application cycle you applied:  | **[ ]**  | February 1 | **[ ]**  | May 1 | **[ ]**  | September 1 |
| **Are you a member of the professional-development sponsoring organization?** | **[ ]**  | Yes | [ ]  |  No |
| Membership not required. |

**Proposed Individual Professional Development Activity: Please write your responses in the expandable boxes below. Be specific and succinct:**

* **Description of the professional development activity with documentation attached.**

* **How will your participation enhance your professional abilities position or any future educational direction you may wish to take?**

* **How will your participation enhance educational excellence for your current students? Include the number of students affected and any anticipated changes in achievement, teaching and learning strategies, and/or student behaviors or attitudes.**

* **How will you share the information learned with professional colleagues? Cite several specific ways in which information would be shared**

|  |
| --- |
| * **Should you receive at least 60% the full amount requested, will you attend the professional development activity?** Yes[ ]  No [ ]
 |

**Add additional comments below.**

**List anticipated expenses (USD) for the activity and anticipated funding sources other than DKGEF. Attach complete electronic copies of brochures or web pages showing registration fee, cost of flight and hotel rates. PROVIDING WEB LINKS IS NOT SUFFICIENT. Other expenses may be estimated.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Anticipated Expenses** |  |  |  | **Cost (USD)** |
| Registration Fee - Does it include any meals? | Yes [ ]  | No [ ]  |  |       |
| Travel |       |
| Hotel (State number of nights) |       |
| Meals (Estimate of number and cost) |       |
| Other (Explain) |       |

|  |  |
| --- | --- |
| **TOTAL Anticipated Expenses** | $      |

|  |  |
| --- | --- |
| **Anticipated Funding Sources Other Than DKGEF** | **Amount (USD)** |
| Applicants must show funds available from other sources (school districts etc.) Estimated amount the applicant will be able to contribute (an amount **MUST** be entered) | $      |
|  |       |
|  |       |
|  |       |

|  |  |
| --- | --- |
| **TOTAL Anticipated Funding from other Sources** | $      |

|  |  |
| --- | --- |
| **TOTAL REQUESTED Anticipated Expenses minus Anticipated Funding from other Sources** | $      |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How did you learn about this source of funding?** | [ ]  | DKG | [ ]  | Other (please explain) |       |

|  |  |  |
| --- | --- | --- |
| **If my request is approved, I** |  | **understand and agree to the following:** |
|  | (electronic signature) |  |

I may receive an award for the full amount or only a portion of the amount requested; will receive half of award amount with notification of award; will receive the remainder of the award, if any, upon verification of participation (copies of receipts and certificate of completion), but no award will exceed $2,000; shall submit this documentation within fourteen (14) days after completion date: shall return the award funds if unable to implement award; and may not transfer the award funds.

**Instructions for Submitting:** The completed application with attachments must be submitted electronically on

or before February 1, May 1, or September 1 of each calendar year. Email application with required attachments to the Educational Foundation Specialist at lcpd@dkg.org. Upon submission, an email confirmation will be sent as proof of receipt.

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