

Pat Burns Dillard Professional Development Application

Partners for Youth

Personal information

_____	_____	_____
First name	Middle	Last

Home mailing address		
_____		_____
City	State	Zip
_____	_____	
Preferred contact phone	Email address	

School		

Professional Development Essay

On a separate page(s) describe and outline in detail your request. Attach any relevant documentation regarding this opportunity. Include the following in your essay:

- What are you pursuing in this request and how will this impact your students? How will your experience contribute to your school's efforts to engage students and improve learning? How will you share your learning with your colleagues?
- When thinking about your teaching practice, what would you like to learn? What are the key questions or learning goals you want to explore?
- How will this proposed development help you grow as a teacher?
- What meaningful impact will this experience bring to your students?
- When will you be completing your proposed request?
- Provide a budget and budget narrative of your request showing your project's proposed expenses. Include in this the amount you are requesting.

Education experiences

College(s) you have previously attended

Degree(s) obtained



Activities

Community activities _____

School Leadership Roles _____

Eligibility Criteria

PFY believes that supporting teachers’ active participation in their own professional growth will positively impact student learning and achievement. To be eligible for these funds you must:

- Be employed full-time with the Lancaster County School District with at least 50% of your work week in direct instruction with students in a classroom or classroom-like setting;
- Continue to teach the following student year with the district upon completion of your professional development request;
- Have taught for at least two years with the Lancaster County School District.
- These funds can be used for travel/lodging to the conference if out of town.

Please note: PFY funds cannot be used for completion of post baccalaureate degrees, teacher certifications, university credit hours, and courses for graduate credit.

Your commitments

Should I receive this scholarship I understand and agree to the stipulations:

- If I do not complete the professional development stated in this application, I will be required to repay the scholarship.
- I will be expected to provide a written progress report detailing my professional development experience. The itemized professional development and budget form will be provided by *Partners for Youth*.
- I will be required to sign a *Memorandum of Understanding* detailing these commitments.



Applicant's signature Date

Principal's signature

Date

Return this application, along with a cover letter, by 4 p.m. February 15, 2024 to

Preferably by email
sharon@lcpartnersforyouth.org

Mailing Address
P.O. Box 1023
Lancaster, SC 29721

If you have any questions, please call 803-286-1465 or email the Lancaster County Partners for Youth Foundation at sharon@lcpartnersforyouth.org.

