# **AEA Professional Learning Grant**

#### Who May Apply: Any current member of AEA



#### Criteria:

- 1. Only one (1) grant submission will be accepted per person per school year.
- 2. **New applicants shall receive priority** over prior recipients, in order to offer the opportunity to as many members as possible.
- 3. Grants shall not exceed a total value of \$250.
- 4. Members must submit a completed application form to the AEA President by the first of each month for review by the *AEA Professional Learning Grant Committee*. Applications must be received by AEA at least three weeks prior to the scheduled conference. Notification of grant status shall be made within 10 business days of receipt of the request via the email provided on the application.
- 5. **AEA Professional Learning Grants** shall be awarded monthly, until all allocated money has been dispersed. Funds not expended will carry over to the next fiscal year.
- 6. **AEA Professional Learning Grants** will be awarded for conferences, training, or further education, including National Board Certification, whose purpose is to improve and increase teacher learning as it relates to the classroom and students. Grants will not be awarded for classroom supplies, materials, or travel expenses.
- If the grant is awarded, funds will be distributed upon completion and verification of the coursework and sent via U.S. mail to the address provided on the application, or can be picked up at the AEA Office: 2851 S. Parker Road, Suite 1000, Aurora 80014.

### 8. ENCOURAGED

Recipients may share what they have learned utilizing one of the following means:

- a. Submit an article for the AEA Advocate
- b. Share your experience of the conference/training at an AEA AR Council meeting



SEND ALL APPLICATION MATERIALS TO: Bwilcox@coloradoea.org

## **AEA Professional Learning Grant**

| Name:                                                                                                                                              | Date:                                                                            | _ |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---|--|
| Mailing Address:                                                                                                                                   |                                                                                  | - |  |
| -                                                                                                                                                  | Zip Code:                                                                        |   |  |
| Work Site:                                                                                                                                         |                                                                                  |   |  |
| Have you received this                                                                                                                             | s scholarship in the past? YES or NO; If yes date                                | - |  |
| Name of Conference/T                                                                                                                               | raining/Class:                                                                   |   |  |
| Location of Conference                                                                                                                             | e/Training/Class:                                                                |   |  |
| -                                                                                                                                                  | Zip Code:                                                                        |   |  |
| What is your focus for attending this Professional Learning Training?<br>How will this focus help deepen your teaching practice in your classroom? |                                                                                  |   |  |
|                                                                                                                                                    |                                                                                  |   |  |
| Total Cost of Conferen<br>Grant will not exceed                                                                                                    | ce/Training/Class (excluding materials and travel): \$<br>a total value of \$250 |   |  |
| <u>Please attac</u>                                                                                                                                | ch a copy of your conference/training/class Registration Form.                   |   |  |
| AEA OFFICE USE ONLY                                                                                                                                |                                                                                  |   |  |

| Member Numbe          | r:     | Date (committee) Reviewed |  |  |
|-----------------------|--------|---------------------------|--|--|
| Approved              | Denied | Amount Funded \$          |  |  |
| Date Member Contacted |        | Date of Reimbursement     |  |  |
| Committee Comments:   |        |                           |  |  |
|                       |        |                           |  |  |