The Diane Colby Professional Development Grant

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***Sponsored* by the Wisconsin FCCLA Foundation**

**for Current Wisconsin FCCLA Advisers**

**Diane Colby-who she was and why this Professional Development Grant**

Diane Colby (1940-2012) earned her BS and MS degrees from UW-Stout and PhD from UW-Madison. She was employed by Milwaukee Public Schools (1963-1996) as a home economics teacher followed by the positions of supervising teacher and curriculum specialist. Under her leadership, the first HERO chapter in the national FHA organization (now FCCLA) was established in Milwaukee in 1971. Diane encouraged teachers to participate in professional development activities and actively supported FCCLA student participation at the local, state and national levels. It is for these reasons this FCCLA Adviser Grant was established to recognize and honor her commitment to Family and Consumer Sciences and FCCLA programs in Wisconsin K-12 schools

**Grant Application Information/Instructions:**

**Eligibility:** The Diane Colby Professional Development Grant is available to current Wisconsin FCCLA Advisers seeking to further their professional development in Family and Consumer Sciences (FCS) and FCCLA and/or related teaching strategies through attendance at courses or workshops that provides for Academic Credit.

**Availability:** Donations honoring the memory of Diane Colby were used to establish this professional development opportunity for FCCLA Advisers. WI FCCLA Foundation will provide Professional Development Grants in her name. During her professional career, she encouraged teachers and FCCLA advisers to continue their educational and career growth.

**Grant Amount:** The maximum amount to be awarded to an individual in one year is **five hundred** **dollars**. The money may be used for tuition, registration fees, and/or course/workshop materials. The financial award must be used during the year it is received.

**Submitting Application:** Applications should be submitted by postal mail to Wisconsin FCCLA Foundation by one of 3 specific dates: May 15th for the summer offering, August 1st for the fall semester, or January 15th for the spring offering. **Send to:** Marilyn Knutson, WI FCCLA Foundation, N3456 Long Lake Rd.   Stone Lake, WI  54876-8725. Within a month after the due date the applicant will be notified of the status of the application in regard to approval, modification needed, or non-approval.

**Evaluation of the Applications:** Each of the applications will be reviewed using a point rating scale by a panel of three evaluators appointed by the WI FCCLA Foundation Board.

**Disbursement of Funds:** Funds will be distributed after documentation of completion of the course or workshop has been submitted. Individuals awarded grants need to **send documentation for approved expenses** no more than thirty (30) days after the conclusion of the approved course or workshop to the following address: Wisconsin FCCLA Foundation, Attn: Marilyn Knutson, WI FCCLA Foundation, N3456 Long Lake Rd.   Stone Lake, WI  54876-8725.

**Diane Colby Professional Development Grant**

**Application Form**

**1. Background-Current Information:**

Name:

­­­­­­­­­­­­­First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Mailing Address:

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_Zip:\_\_\_\_\_\_\_\_

Home Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Professional Experiences:**

Family & Consumer Science Teaching Experience: Number of years at your present district \_\_\_\_\_\_.

Total number of years of teaching experiences (including other school districts): \_\_\_\_\_\_\_.

FCCLA Adviser Experience: Number of years advising FCCLA at your present district\_\_\_\_\_\_\_\_\_.

Total number of years as a FCCLA Adviser: \_\_\_\_\_\_\_\_\_\_.

FCCLA Involvement: Regional, State, Cluster, National State Officer: Describe how you have been involved. If you are beginning your role as an adviser, state that information and describe your goals and expectations for your new chapter.

Describe your Professional and Community involvement:

**3. Outcomes from this Experience:**

How will this workshop or class help you with your professional development as a teacher within the classroom and/ or your professional career goals?

How will this experience affect you as a FCCLA adviser and how could it impact your chapter members?

**4. Grant Request: Complete either A or B:**

A. The Grant award will be applied to a **University/College Course.**

 Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Academic Credit(s): \_\_\_\_\_\_\_\_\_

 Date(s) offered:\_\_\_\_\_\_\_ Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount requested: \_\_\_\_\_\_\_\_\_\_

 *Include copy of course description or provide a short description of the course.*

B. The Grant award will be applied to a **Workshop** with credit(s) available**.**

 Workshop Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Credit(s): \_\_\_\_\_\_\_\_\_\_

 Date(s) offered: \_\_\_\_\_\_\_\_\_ Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount requested: \_\_\_\_\_\_\_\_\_\_\_

*Include copy of workshop flyer or provide a short description of the workshop.*

*If not provided on above, indicate the academic credit offering: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Cooperating Institution awarding credit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**5. Verification and Signature:** Please initial each statement.

\_\_\_\_ I understand that if selected, the grant will be awarded on a reimbursement basis.

\_\_\_\_ I verify that all of the supplied information is accurate and true.

\_\_\_\_ I agree that my name and photos may be used in­­­­­­ related educational publications and media.

\_\_\_\_ I will share my knowledge gained with other advisers at an FCCLA Fall Academy, State Conference Advisers Meeting and/or by writing a brief statement /article for the Foundation Annual Report.

\***Please enclose a photo (2 X 3 inch) for the WI FCCLA Foundation Annual Report.**

Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diane Colby Profession Development Grant**

**Point System Evaluation Form**

Applications will be evaluated using the point system provided below.

 **Possible Points Points Scored**

1. **BACKGROUND**

 Current Information 5

1. **PROFESSIONAL EXPERIENCES**

Teaching Experiences5

 FCCLA Experiences 5

Professional @ Community Involvement5

1. **OUTCOMES FROM THIS EXPERIENCE**

 Outcome for teaching 20

 Outcome for FCCLA 20

1. **GRANT REQUEST**

 Complete either A. or B. Form 5

1. **VERIFICATION**

. Signature Verification 5

 Overall Presentation 5

 **SUBTOTAL 75 Points Your Score: \_\_\_\_\_\_\_**