**PLEASE SUBMIT FORM BY THE FIRST DAY OF PRE-PLANNING.**

**LATE SUBMISSIONS WILL NOT BE ACCEPTED.**

The mission of the King Springs Elementary Foundation is to provide resources beyond those currently provided by the Cobb County School District to supplement elements of enhanced education. The Foundation has set an immediate goal to provide funding for teacher support. As such, the KSE Foundation will consider funding teacher requests for stipends to attend training courses at a rate of up to $100 per day. Factors the Foundation will consider in awarding stipends will include 1) length of training course (hours/ day), 2) number of teachers wishing to attend, 3) course content in alignment with the School Strategic Plan, 4) number of students impacted, and 5) additional funding sources (i.e. county, grants, PTA).

Note:

1. An additional $100 may be awarded upon development and implementation of a lesson plan(s) relevant to course content or experience gained through this training course.
2. An additional $100 may be awarded upon collaborative sharing of a lesson plan(s) with your grade level team with the intent of grade level implementation.

|  |  |  |  |
| --- | --- | --- | --- |
| Teacher Name: |  | Grade: |  |
| Email Address: |  | Phone Number: |  |
| \*Course Title: |  | Course Date: |  |
| Course Location: |  | Course Length:  (hours, days) |  |
| Number of students impacted: |  | Number of staff impacted: |  |
| How does this training align with the mission of the KSE Foundation as well as the School Strategic Plan? | | | |
| Will this training be shared with your grade level team? Please describe. | | | |
| Have you requested funding from sources other than the Foundation? | | | |

\*For multiple courses, a separate course list/ syllabus may be attached.

I hereby agree to attend all parts of the training course detailed above and to submit written proof of attendance as well as lesson plans if applicable.

Submitter’s Signature/ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Please return completed form to the Principal.**

Principal’s Signature/ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Board Use Only:  Approved (Y/N):\_\_\_\_\_\_\_\_\_\_ Approval Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ Check #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Issued:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Foundation President’s Signature/ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |