



**PROFESSIONAL DEVELOPMENT GRANT APPLICATION  
2009 / 2010**

**Due: Wednesday, November 4, 2009**

Name: _____ <b>(first)</b> _____ <b>(last)</b>	
School Name: _____	
District Name: _____	District Number: _____
Email: _____	
_____ Project Leader	_____ Signature
_____ Name of Pro-D Representative	_____ Pro-D Representative Signature

**The purpose of this grant is:**

- To assist chapters to provide quality professional development activities for BCPVPA members
- To encourage groups of chapters (regionalization) to come together in their Pro-D activities
- To support the BCPVPA members' action-research to improve quality leadership in education

**CRITERIA**

Applications will be evaluated against the following criteria:

Projects are to:

- be based on the Leadership Standards and be directed at improving practice within one of the Standards;
- seek to answer an inquiry question or follow an action research model;
- demonstrate how the learning will be applied to the school or classroom setting.

**The Chapter Pro-D rep or project leader is expected to present the project and the results at the Pro-d Meeting in May.**

Questions to be addressed in presentation:

- Who was involved in your project?
- Describe how your project unfolded. What happened?
- Did your Inquiry question or focus change over the project?
- What learning resulted from the project? How will this learning be applied to the school or classroom setting?
- How does your new learning fit with the standards? Which Standard(s) was addressed? What future directions will your inquiry or learning take from here?

**1. PROJECT TITLE:** \_\_\_\_\_

**2. DETAILED DESCRIPTION OF PROJECT**

• **Purpose:** \_\_\_\_\_  
\_\_\_\_\_

• **Project Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• **Desired Outcomes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• **Involvement** (What efforts have been or will be made to inform and involve others?)  
\_\_\_\_\_  
\_\_\_\_\_

• **Implementation procedures**  
\_\_\_\_\_  
\_\_\_\_\_

• **Evaluation procedures** (Indicators of success and methods of evaluation)  
\_\_\_\_\_  
\_\_\_\_\_

• **Project timelines**  
\_\_\_\_\_

• **Project location**  
\_\_\_\_\_

- **Benefit of project to members of the BCPVPA**

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- **Relevancy to your long-term professional development plan**

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- **Relevancy to the Standards** (with reference to at least one Domain)

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### 3. PROJECT BUDGET

Budget	\$ _____	
Expenses	\$ _____	<b>Total: \$ _____</b>
Other anticipated support (if any)	\$ _____ \$ _____	<b>Total: \$ _____</b>
Source _____		<b>Total: \$ _____</b>
<b>BCPVPA grant request</b>		<b>Total: \$ _____</b>

**PLEASE NOTE**

**If you are successful you will be granted:**

**50%** upon approval of your project, and then  
**50%** upon submission of your program report which includes:  
 your final report, evaluation and financial statement  
 received on or before  
**Friday, May 28, 2010**

**IF YOU REQUIRE ADDITIONAL INFORMATION:**

Contact: Kim Maxwell  
 Phone: (604) 689-3399 or 1-800-663-0432 / Fax: (604) 877-5382  
[kim@bcvpa.bc.ca](mailto:kim@bcvpa.bc.ca)