

SDACTE Sponsored (ACTE Conference)

sdacteonline.org

VISION Application Deadline-September 30

PURPOSE:

To recognize SDACTE members who have made and or will make contributions to SDACTE/ACTE

3 Awards @ \$500.00

ELIGIBILITY:

Three \$500 stipends will be awarded to SDACTE members. The preference is to award two stipends to first-time attendees and one to a prior attendee, however the SDACTE Executive Committee has the discretion to award the three stipends to the best candidates.

MANDATORY CRITERIA FOR WINNERS:

1. Winners must share materials from the ACTE presentations attended at their division's SDACTE annual conference.
2. Winners must submit an article to SDACTE's newsletter summarizing their experiences at ACTE.
3. Winners must attend the Region V Business Meeting at ACTE.
4. Winners must remain at ACTE through the last day of the conference to attend the State Leadership Breakfast.

Section A- Leadership History & Aspirations			
CRITERIA	POSSIBLE POINTS	MAXIMUM	SCORE
1. Leadership positions held (past & present) in ACTE, SDACTE, and member's division.	5 pt/ each	20	
2. Leadership positions held (past & present) not directly related to ACTE, SDACTE, and member's division.	5 pt/ each	15	
3. Professional awards earned (past & present)	5 pt/ each	15	
4. Volunteer service (professional & civic)	5 pt/ each	10	
5. Current president of SDACTE division	10 pts	10	
Section B- Written Statement			
1. Typed, 200 words or less statement about how you, your division, and SDACTE will benefit as a result of conference attendance.	25	25	
2. Application is free of typing/spelling/grammatical errors.	5	5	
Subtotal		100	
1. Applicant has never attended this conference.	10	10	
Total		110	



Connecting Education and Careers

**SDACTE Sponsored ACTE VISION Conference Stipend
Application
Deadline-September 30**

(Applications should be e-mailed to the immediate past president. Received by 11:59 pm, Sept. 30)

Lori Christensen

605-256-7706 (W)

Lori.christensen@k12.sd.us

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

Years as member of SDACTE: _____

Have you previously attended the ACTE Vision Conference? YES / NO

Written Statement:

The application must submit a typed, 200-words or less statement to include the following information.

- A. Your activities and leadership roles both as a member of SDACTE and those roles not associated with SDACTE.
- B. Professional awards earned (past & present)
- C. Volunteer service (professional & civic).
- D. Your goals as a member of SDACTE.
- E. Explanation of how your attendance at the ACTE Vision Conference will benefit you, your division and SDACTE.

**I have read the selection criteria and understand the requirements associated with receiving this stipend and hereby agree to comply with the requirements.*

APPLICANT'S SIGNATURE: _____ DATE: _____