

**SDACTE Sponsored Region V Conference**  
<https://www.acteonline.org/sdacte/>  
**Region V Application**  
**Deadline-February 15th**

**PURPOSE:**

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

**2 Awards @ \$500.00**

**ELIGIBILITY:**

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

**MANDATORY CRITERIA FOR WINNERS:**

1. Winners must share materials from the Region V presentations attended at their division's SDACTE annual conference.
2. Winners must submit an article to SDACTE's newsletter summarizing their experiences at Region V.

<b>Section A- Leadership History &amp; Aspirations</b>			
<b>CRITERIA</b>	<b>POSSIBLE POINTS</b>	<b>MAXIMUM</b>	<b>SCORE</b>
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	
<b>Section B- Written Statement</b>			
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	
<b>Subtotal</b>		<b>100</b>	
1. Applicant has never attended this conference.	10	10	
<b>Total</b>		<b>110</b>	

**SDACTE Sponsored Region V Conference  
Stipend Application  
Deadline-February 15th**

(Applications should be e-mailed to the immediate past president. Received by 11:59 pm, Feb 15th)

**Bobbie Jo Donovan**

605-394-6986 (W)

[Bobbiejo.donovan@k12.sd.us](mailto:Bobbiejo.donovan@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 Region V 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: \_\_\_\_\_