

**NOTE:** Data entered CANNOT be saved. You must complete form and print out for mailing.



## District Office Professional Development Program

### Directions:

- Read the entire application carefully prior to completion.
- Be thorough, yet concise, and use only the space provided.
- Complete the application form and the one-page resume form. Additional resume pages will not be considered.
- Print both forms; sign the application form; secure your superintendent's signature; and mail both forms to the address provided on page 3.
- Print the confidential recommendation form and submit it to the individuals who will provide the recommendations for you. The recommendation form must be mailed by July 27, 2012

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### Name:

\_\_\_\_\_

Last First MI

### Position/Title:

\_\_\_\_\_

### School System:

\_\_\_\_\_

### Business Address:

\_\_\_\_\_

Street City State/Zip County

### Home Address:

\_\_\_\_\_

Street City State/Zip County

### Contact Information:

\_\_\_\_\_

Business Phone Home Phone Preferred Email

### Certificate Type/Level:

\_\_\_\_\_

### Total years experience as a school and/or system leader:

\_\_\_\_\_

### Superintendent Endorsement:

If selected, I endorse the participation of \_\_\_\_\_

in the District Office Professional Development Program.

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Superintendent Signature

Date

**Two letters of recommendation are required from individuals familiar with your work as a school leader. In the spaces below, provide the name and address of the individuals recommending you for the District Office Professional Development Program.**

**Name:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_

**System Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_

**System Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Respond to the following questions in the space provided.**

**1 What do you expect to get out of DOPDP that is different from other professional learning opportunities?**

**2 If a member of your current staff were interviewed, how might they describe you as a leader?**

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Confidential Application**

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**3 What interests you about serving as a district office leader?**

**4 What are three leadership accomplishments you have achieved in your school system or school? Describe how you succeeded.**

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**Applicant Signature**

**Date**

**Selection Process**

**A committee selected by GSSA will choose the participants.**

**Please submit the application and resume form by July 27, 2012.**

**The confidential recommendation forms must be submitted by July 27, 2012.**

**All applicants will be notified of their enrollment status by August 24, 2012.**

**District Office Professional Development Program**  
Attn: Dr. Debra Harden, Professional Development Director  
Georgia School Superintendents Association  
1100 Briar Lakes Court     Watkinsville, GA 30677