

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 25, 2014.

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 Cell 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.

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?

**District Office Professional Development Program
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.

Applicant Signature

Date

Selection Process

A committee selected by GSSA will choose the participants.

Please submit the application and resume form by July 25, 2014.

The confidential recommendation form must be submitted by July 25, 2014.

All applicants will be notified of their enrollment status by August 22, 2014.

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