



Mail all applications to:
Bureau of Jewish Education
130 Sessions Street
Providence, RI 02906

**Bureau of Jewish Education of Rhode Island
Grants and Scholarships**

Application for Professional Development Grant

PART I: GENERAL DATA

Applicant's Name: _____
(Last) (First) (Middle)

Address of Applicant: _____

(City) (State) (Zip)

Phone: _____ Email: _____ Date of Birth: _____

PART II: THE PROGRAM

Name of Program: _____ Starting and Ending Dates: _____

Address where payment is to be sent: _____

(City) (State) (Zip)

Cost of Program (tuition only): _____

Does this include Room and Board? _____ If not, how much is Room and Board? _____

Does this include airfare? _____ If not, how much is domestic air? _____ Overseas Air? _____

Please detail any other directly related costs: _____

Where will the program will be held? _____

Please attach a description of the program/conference (brochure, web print-out, etc).

PART III: SCHOLARSHIPS/STIPENDS

Have you applied for or received any other scholarships aid/stipend to attend the program, such as from a synagogue or school? _____ If yes, how much do you expect to receive? _____

From whom? _____

How much do you seek from the Bureau? _____



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PART IV: PERSONAL STATEMENT

Please respond to the following questions on a separate piece of paper:

- 1) Why do you want to attend this program/conference?
- 2) Why did you choose this program?
- 3) What do you hope to gain from this experience?
- 4) How will your participation in this program/conference contribute to your development as an educator?

PART V: GENERAL EDUCATIONAL BACKGROUND

College/University: _____	Years attended: _____
Course of Study: _____	Degree/Date awarded: _____
College/University: _____	Years attended: _____
Course of Study: _____	Degree/Date awarded: _____
College/University: _____	Years attended: _____
Course of Study: _____	Degree/Date awarded: _____

PART VI: JEWISH EDUCATIONAL BACKGROUND

List specific courses, conferences or seminars you have attended at the Bureau of Jewish Education of Rhode Island, colleges, synagogue adult institutes, in Israel, etc.



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Jewish Teaching and Related Experiences:

_____	_____
Dates/Name of School	Subjects/Grade levels taught
_____	_____
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_____	_____
Dates/Name of School	Subjects/Grade levels taught
_____	_____
Dates/Name of School	Subjects/Grade levels taught

Business and/or Secular Teaching Experiences:

_____	_____
Dates/Name of School/Employer	Subjects/Grade levels taught (if applicable)
_____	_____
Dates/Name of School/Employer	Subjects/Grade levels taught (if applicable)
_____	_____
Dates/Name of School/Employer	Subjects/Grade levels taught (if applicable)
_____	_____
Dates/Name of School/Employer	Subjects/Grade levels taught (if applicable)

PART VII: SIGNATURE

By signing this document you indicate that you:

- a) have read and agree to the *Criteria for Selection of Recipients of Professional Development Grants*
- b) will expend any funds granted as indicated in the application
- c) will repay any funds awarded should you not attend the professional development opportunity for which you applied
- d) will repay any funds awarded should you not remain on the faculty of a Bureau-affiliated school during the following school year

 Signature

 Date

It is your responsibility to see that a confidential letter of recommendation be sent to the Bureau by your present principal.



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Criteria for Selection of Recipients of Professional Development Grants

The Bureau of Jewish Education of Rhode Island has limited funds available for educators to attend conferences, workshops, and courses that will improve their teaching skills and background knowledge. Programs considered for grant funds must be relevant to participant's present and future goals in education and should evidence a high level of quality. *Grants must be approved prior to attending the program.*

1. **Candidate must have a written recommendation from an educational director or rabbi. An application may not be processed until such a letter is received.**
2. There should be reasonable certainty that the candidate will be teaching in the forthcoming year in a Bureau-affiliated school, e.g. a commitment or contract by June 1st.
3. If enrolled in study, applicant must fulfill minimum requirements of the course.
4. Candidate must be willing to share the experience with others.
5. Should the candidate not be able to use the funds awarded or not remain on the faculty of a Bureau-affiliated school during the following school year, the candidate must be willing to consider any funds received to be an interest-free loan that is repayable to the Bureau of Jewish Education of Rhode Island.

CANDIDATES MUST SEEK FUNDS FROM OTHER INSTITUTIONS, AS WELL, SUCH AS THE SCHOOL/SYNGOUGE FOR WHICH THEY WORK.