



Diane Colby Professional Development Grant Application

Diane Colby (1940-2012) earned her BS and MS degrees from UW-Stout and PhD from UW-Madison. She was employed by Milwaukee Public Schools (1963-1996) as a home economics teacher followed by the positions of supervising teacher and curriculum specialist. Under her leadership, the first HERO chapter in the national FHA organization (now FCCLA) was established in Milwaukee in 1971. Diane encouraged teachers to participate in professional development activities and actively supported FCCLA student participation at the local, state and national levels. It is for these reasons this FCCLA Adviser Grant was established to recognize and honor her commitment to Family and Consumer Sciences and FCCLA programs in Wisconsin K-12 schools.

Donations honoring the memory of Diane Colby were used to establish this professional development opportunity for FCCLA Advisers. WI FCCLA Foundation will provide Professional Development Grants in her name. During her professional career, she encouraged teachers and FCCLA advisers to continue their educational and career growth.

RULES/GUIDELINES FOR COMPLETING THIS GRANT APPLICATION:

Eligibility: The Diane Colby Professional Development Grant is available to current Wisconsin FCCLA Advisers seeking to further their professional development in Family and Consumer Sciences (FCS) and FCCLA and/or related teaching strategies.

Permissible Activities: The grant may be used for post-secondary courses, workshops, certifications, text materials, Serve Safe, other WI restaurant hospitality certifications, and additional FCS related certifications.

Grant Amount: The maximum amount to be awarded to an individual in one year is **\$500**. Allowable expenditures can be found under *eligibility*. The financial award must be used during the year it is received.

Application Deadline:

- May 15 for the summer offering
- August 1 for the fall offering
- January 15 for the spring offering

Wisconsin FCCLA Foundation

Bonnie Duchac

1210 -23rd Street North

Wisconsin Rapids, WI 54494

bonnieduchac@gmail.com

Evaluation of the Applications: Each of the applications will be reviewed using a point rating scale by a panel of three evaluators appointed by the WI FCCLA Foundation Board. Applicants will be notified within 30 days of the status of the application in regard to approval, modification needed, or non-approval.

Disbursement of Funds: Individuals awarded grants need to **send documentation for approved expenses no more than 30 days after the conclusion of the approved course or workshop.** Funds will be distributed after documentation of completion of the course or receipt of payment for workshop with documentation.

APPLICATION FORM

1. Background-Current Information: (5 points)

First Name: _____ Middle Initial: ____ Last Name: _____

Complete Mailing Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ School Phone: _____

Personal Email: _____ School Email: _____

School Name: _____

School Address: _____

2. Professional Experiences: (15 points)

Family & Consumer Science Teaching Experience: Number of years at your present district _____.

Total number of years of teaching experiences (including other school districts): _____.

FCCLA Adviser Experience: Number of years advising FCCLA at your present district _____.

Total number of years as a FCCLA Adviser: _____.

FCCLA Involvement: Regional, State, Cluster, State or National Officer Adviser: Describe how you have been involved. If you are a new adviser, state your goals and expectations for your new chapter.

Describe your professional and community involvement other than FCCLA:

3. Outcomes from this Experience: (40 points)

How will this workshop or class help you with your professional development as a teacher within the classroom and/or in your professional development?

How will this grant be of benefit you as a FCCLA adviser, impact your chapter members and/or the FCS classes that you teach?

4. Grant Request: Complete either A or B: (5 points)

A. The grant award will be applied to a **University/College Course**.

Course Name: _____ Academic Credit(s): _____

Date(s) offered: _____ Institution: _____ Amount requested: _____

Include copy of course description or provide a short description of the course.

B. The grant award will be applied to a **Workshop or Certification** with credit(s) or certificate available.

Workshop Name: _____ Academic Credit/Certification(s): _____

Date(s) offered: _____ Sponsor: _____ Amount requested: _____

Include copy of workshop flyer or provide a short description of the workshop. If not provided on above, indicate the academic credit certification or workshop offering: _____

Institution awarding credit/ certification: _____

5. Verification: (5 points) Please initial each statement.

____ I understand that if selected, the grant will be awarded on a reimbursement basis.

____ I verify that all of the supplied information is accurate and true.

____ I agree that my name and photos may be used in related educational publications and media.

____ I will share my knowledge gained by writing a brief statement /article for the Foundation Annual Report.

6. Photo: (5 points) *Please enclose a photo (2 X 3 inch) for the WI FCCLA Foundation Annual Report.

Signature of Applicant: _____ **Date:** _____