



Dr. Jerry Hill Leadership Grant Application 2026

Introduction:

The Spotsylvania Education Foundation's Dr. Jerry Hill Leadership Grant is available to one Spotsylvania County Public Schools classroom teacher in the amount of \$1,000 to fund training that will enhance educational leadership. The Dr. Jerry Hill Leadership Grant is designated for a classroom teacher who desires to expand classroom leadership skills and share information learned with his or her school faculty in a collaborative effort to promote professional growth and improve educational services. A key component of this grant is focused on the train-the-trainer concept. Although the proposed professional development need not be a specific train-the-trainer activity, the applicant must intend to transfer the knowledge learned to other school staff and colleagues. Teachers, because they have daily contact with learners, are in a prime position to make critical decisions about curriculum and instruction and to implement change in a comprehensive and continuous manner. The Dr. Jerry Hill Leadership Grant is designed for this purpose.

Eligibility Criteria:

- Any classroom teacher of Spotsylvania County Schools is eligible to apply for a \$1,000 grant for an activity that enhances classroom leadership. The requested grant activity must take place in calendar year 2026 (January 1 - December 31, 2026).
- In accepting the grant, the teacher agrees to provide documentation of successful completion of the activity and provide a summary once information is shared with colleagues.

Application Instructions:

- All forms can be found on SEF's website (<https://www.sef4education.org/>) under Grant Opportunities.
- A complete application packet must be submitted electronically to info@sef4education.org by **5:00 p.m. on Monday, February 9, 2026**. No hard copy applications will be accepted. Application materials maybe be scanned and submitted as one document or separate documents can be attached and submitted in the same email.
- Application packets must include the following.
 1. A completed SEF Dr. Jerry Hill Leadership Grant application form. All application information must be typed in this fillable-pdf form. Download form and check that information entered is being saved by closing and reopening form.
 2. A completed SEF Dr. Jerry Hill Leadership Grant Recommendation form.
 3. A completed SCPS Grant Approval Form designated for Dr. Jerry Hill Leadership Grants with both applicant and school principal/department supervisor signatures on the second page.
 4. Documentation of training activity (as an additional attachment). This must include **a copy of published activity description** (e.g., from website or catalog) and **published cost of activity**. If applicant has already registered, please include a copy of registration plus the invoice/bill or receipt. If completed, include documentation of successful completion.



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Name: _____ Job Title: _____

School/Department: _____ Work Phone: _____

Cell or Home Phone: _____ Amount of money requested (up to \$1,000): _____

Please indicate below how you intend to use the Dr. Jerry Hill Leadership Grant (select one):

College Course

Training

Conference

Professional Certification

Other (specify): _____

Activity Details:

Title: _____ Start Date: _____ End Date: _____

Offered/presented by: _____ Total Cost of Activity: _____

Please indicate how the grant will benefit/impact your classroom leadership skills.

Maximum limit is 1,250 characters.

Please indicate how the grant activity will benefit/impact students including the number of students expected to be impacted. Maximum length is 900 characters.

Please indicate how you intend to transfer the knowledge learned to other school staff and colleagues. Maximum length is 900 characters.

Check box and provide the following information if applicant has applied for or received funding from other sources to support this professional development activity.

Applied but not yet notified

Applied and selected

Applied but not selected

Source: _____ Amount: _____ Award Notification Date: _____

Application Packet Checklist (all components must be checked):

All SEF Dr. Jerry Hill Leadership Grant Application questions are complete.

SEF Dr. Jerry Hill Leadership Recommendation Form is included in application packet.

Published description of activity and cost is included in application packet.

SCPS Grant Approval form with appropriate signatures is included in the application packet.

If awarded, I agree to submit documentation of successful completion once the professional development activity and provide a summary once information is shared with colleagues.

Please check box and type in your name and date below to certify that all information entered into this application is correct.

Name: _____ Date: _____