



# SEED Grant Application 2025-26

## Introduction

The Spotsylvania Education Foundation SEED Grants are available to any employee of Spotsylvania County Public Schools in the amount of up to \$500 for financial assistance for an activity that enhances professional growth. The SEF Board of Directors plans to distribute one \$500 SEED Grant for the 2025-26 school year which will be distributed in March 2026. The SEED Grant program's application and review process are managed by the SEED Grant Committee and the SEF Board of Directors.

## Eligibility Criteria:

- Any employee of Spotsylvania County Schools is eligible to apply for a grant of up to \$500 to obtain financial assistance for an activity that enhances professional growth. Must be applied to an activity completed during the 2025-2026 school year (July 1, 2025 – June 30, 2026).
- In accepting the assistance, the employee agrees to provide documentation of successful completion of the activity to SEF to be considered for future SEED Grants.

## Evaluation Criteria:

The SEED Grant Committee will base their review on the following as it relates to the requested professional development activity:

- Relationship to applicant's position
- Relationship to professional development goals
- Impact on students
- Dissemination of learning
- Support of the Division's Strategic Plan
- Recommendation letter

## 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](mailto:info@sef4education.org) by **5:00 pm on Monday, February 9, 2026**. No hard copy applications will be accepted. Application materials may 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 SEED 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 SEED Grant Recommendation form.
  3. A completed SCPS Grant Approval Form designated for SEED Grants with both applicant and school principal/department supervisor signatures on the second page.
  4. Documentation of professional development activity (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 \$500): \_\_\_\_\_

**Please indicate the type of professional development activity for which you are requesting a SEED Grant (*select one*).**

College Course

Training

Conference

Professional Certification\*

Other (specify): \_\_\_\_\_

\*Initial teaching exam  
fees are not eligible.

## **Professional Development Activity Details:**

Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Offered/presented by: \_\_\_\_\_ Total Cost of Activity: \_\_\_\_\_

**Please explain in detail how the professional development activity relates to your position and professional development goals. *Maximum limit is 1,250 characters.***

**Please explain in detail how the grant activity will benefit/impact students including the number of students expected to be impacted. *Maximum length is 750 characters.***

**Please explain in detail the degree that learning will be shared with other colleagues (in your school and/or across the division). *Maximum length is 750 characters.***

**Please explain in detail how the professional development activity aligns with the Division's Strategic Plan. Maximum length is 750 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 SEED Grant Application questions are complete.

SEF SEED 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 is finished.

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_