SEED Grant Recommendation Form 2025-26

Dear Administrator or Supervisor,

You have been selected by the SCPS employee named below to provide your recommendation of the applicant for a Spotsylvania Education Foundation professional development SEED Grant. Please download form and check that information entered is being saved by closing and reopening form. When you have completed this form, **please return the form directly to the applicant** so they can include it in their application packet.

Applicants must electronically submit their completed application packets, *which include this recommendation form*, to info@sef4education.org by 5:00 p.m. on Monday, February 9, 2026.

Applicant Information:

Applicant's Name: _____ School/Department: _____

Please answer the follow questions about the applicant.

Why do you believe this applicant is a worthy recipient for a SEED grant? Be specific and include comments in the areas of performance, citizenship, leadership, and responsibility. *Maximum length is 900 characters.*

How does the course/conference/certification that the grant will be used towards relate to their professional development? *Maximum length is 500 characters.*

How long have you known this individual? _____

Please check box and type in your information and date below to certify that you have entered all of the information in this recommendation.

Recommender's Name: _____ Job Title: _____

School/Department: _____ Date: _____

Thank you for your time and participation in this process. If you have any questions, please contact Angie Sullivan at info@sef4education.org.