

**JENNIFER STOWERS QUINTAL EDUCATION FOUNDATION**

[www.JSOFoundation.org](http://www.JSOFoundation.org)

**PROFESSIONAL DEVELOPMENT PROGRAMS: Check the program of YOUR choice**

- "Teaching From A Social Justice Perspective" Program Grant for Classroom Teachers
- "Teaching From A Social Justice Perspective" Program Grant for Student Teachers
  - Music & Physical Education Workshop Program Grant
  - Music & Mathematics Workshop Program Grant
  - Music and Humanities Workshop Program Grant

**UNIVERSAL APPLICATION FORM**

The Jennifer Stowers Quintal Education Foundation has established several Professional Development Programs. These grants are offered in two different areas and are open to classroom teachers and student teachers. A description for each of these program grants is posted on the Foundation's website, along with application forms and a description of the application process. Please note that while the universal application form is appropriate for all program grants, each program grant has its own guidelines that must be met in the project proposals submitted. These guidelines can be downloaded from the website and the program grants are available only as indicated on the schedule published there.

**1. Applicant's Identification**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (daytime) \_\_\_\_\_; (evening) \_\_\_\_\_; email: \_\_\_\_\_

**2. Qualification Status**

I hereby certify that I qualify for this grant because I am a classroom teacher under contract in good standing, at the public institution identified below *OR* I am a student of elementary education in my junior or senior year in an accredited college program identified below.

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Name of Principal / Supervisor: \_\_\_\_\_

**3. To qualify for any of the above grants, the applicant must submit the following documentation:**

(NOTE: No applications will be considered unless complete)

- An official transcript of your academic record (must be sent from the registrar of your degree granting institution directly to the Foundation address below)
- Evidence that the statement #2 above (your qualification status) is accurate (i. e., copy of a current contract *OR* evidence of current enrollment in an accredited program).
- The detailed Project Proposal (See: Guidelines for Project Proposal document that is specific to the grant for which you are applying)
- Three (3) letters of recommendation from a) supervisor, b) colleagues and/or c) character references
- A statement describing your current responsibilities (as a faculty member *OR* student/student-teacher) in and out of the classroom
- Evidence of any awards for excellence in teaching, preparation, or work with young children.
- Waiver and Signature page (attached). Submit all documentation to the Foundation's address below:

**JENNIFER STOWERS QUINTAL EDUCATION FOUNDATION**

Grant Committee

P.O. Box 1784

Derry NH 03038

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**GRANT APPLICATION**

**WAIVER AND SIGNATURE PAGE**

**Applicant Certification**

- All information provided in this application is true and correct. I have not knowingly withheld any facts that could interfere with the truthfulness or completeness of this application.
- I understand that if the Grant Selection Committee and the Board of Directors determine that the applications submitted for the offered grant do not meet the criteria of the program, the JSQ Education Foundation reserves the right to refrain from naming a recipient for that award year.
- I understand this application will only be available to the Foundation and I waive the right to access any letters of recommendation written on my behalf.
- I have read the Foundation's Guidelines for Project Proposals and I meet all stated conditions of eligibility.
- If I am awarded a grant, I agree to abide by all policies and procedures as outlined on the attached Application Form of the Jennifer Stowers Quintal Education Foundation.
- I grant the Board of Directors the right to communicate with the institutions I designate and/or my employer to verify that I, the recipient, am in compliance with any and all conditions required of the grant.
- If selected for a grant, I grant the Foundation permission to release my name, institution, and photograph for promotional purposes.

**If the Foundation determines that I am out-of-compliance with the conditions required of the grant, I will be officially censured, and become ineligible for any future grant funds from the Jennifer Stowers Quintal Education Foundation.**

\_\_\_\_\_  
Signature of recipient

\_\_\_\_\_  
date

\_\_\_\_\_  
Representative of JSQ Education Foundation

\_\_\_\_\_  
date

**Note: Being "officially censured" by the Jennifer Stowers Quintal Education Foundation gives the Foundation the right to report the recipient's status to all parties that were used as referrals, references, and/or other sources of documentation in the process of applying for the grant.**