



CSPTA Jim Dale Fund

Career Development Grant

Application Requirements

- I. **Letter of Intent** – Should be no more than two pages long and should include the following information:
 - Description of your past work experience and job positions held in pupil transportation
 - Statement of your goals in your current position / your goals for career advancement
 - Description of existing challenges relating to your current skill, knowledge or proficiency levels
 - Purpose for which you are requesting a grant
 - Description of the proposed program and activities you wish to participate in
 - Statement of how the proposed activity will address your skill, knowledge or proficiency needs
 - Attachments for class, conference or workshop registrations, indicating agendas, contents or curriculums of intended programs
- II. **Letter of Intent Summary Form** – See Summary form below / complete pages 1 and 2
- III. Only applications including all the requirements listed above completed and signed will be considered
- IV. Allow a minimum of 45 days lead time in advance of when funding may be needed
- V. **Completed applications should be submitted to <mailto:cspta@msn.com?subject=Jim Dale Committee>.**

For questions, further information or to review funding guidelines please visit the CSPTA website at cspta.org.

**CSPTA Jim Dale Career Development Grant
LETTER OF INTENT SUMMARY FORM**

(Print or Type)

APPLICANTS NAME: _____

DISTRICT NAME: _____

ADDRESS: _____

PHONE: Office: _____

Fax: _____

E-mail: _____

APPLICANTS POSITION WITH THE DISTRICT: _____

LENGTH OF TIME IN THIS POSITION: _____

TRANSPORTATION DIRECTOR: _____

IMMEDIATE SUPERVISOR (If other than Transportation Director):

(Name)

(Title)

BRIEF DESCRIPTION OF REQUEST: _____

AMOUNT OF REQUEST: _____ DATE NEEDED: _____

ARE YOU AWARE OF THIS REQUEST BEING DUPLICATED: [] No [] Yes – Explain: _____

HAVE YOU REQUESTED OR RECEIVED FUNDING PREVIOUSLY: [] No [] Yes – Date: _____

ARE YOU OR OTHERS CONTRIBUTING TO EXPENSES: [] No [] Yes – Amount: _____

WHAT OTHER PROVISIONS MAY BE AVAILABLE TO CONTRIBUTE TO EXPENSES: _____

WOULD YOU BE WILLING TO PRESENT INFORMATION IN REGARDS TO THIS SPECIAL PROJECT AT FUTURE CSPTA MEETINGS OR CDE WORKSHOPS? : []No []Yes

Signature of Director or Immediate Supervisor

Date

Signature of Applicant

Date