

ZETA PHI BETA SORORITY, INC.

DELTA GAMMA ZETA CHAPTER

Shades of Blue Classroom Grant 2013

If you are classroom teacher (Kindergarten through grade 12) in a public or charter school in the Phoenix Metropolitan area and are in need financial support for books, supplies, educational field trips or technical equipment for your class, the *Delta Gamma Zeta Alumnae Chapter of Zeta Phi Beta Sorority, Incorporated* is offering an opportunity to help finance your goal.

Applications are now being accepted.

For more information and to obtain an application visit or website at www.deltagammazeta.org or email us at shadesofblue@deltagammazeta.org.



APPLICATION DEADLINE IS FRIDAY, JUNE 7, 2013



Zeta Phi Beta Sorority, Incorporated

Delta Gamma Zeta Chapter

A Community Conscious, Action Oriented Organization

Shades of Blue Classroom Grant Application

Classroom Grant:

This program recognizes and honors the contributions of excellent classroom teachers who possess a special talent for inspiring a love of learning in students of all backgrounds and abilities.

APPLICATION REQUIREMENTS

- Be a licensed, classroom teacher (Kindergarten through grade 12) in a public or charter school in the Phoenix Metropolitan area;
- Have teaching as the primary responsibility rather than administrative or supervisory responsibilities;
- Be a dedicated and skilled teacher who is **planning to actively continue his/her teaching career;**
- Incorporate innovative instructional materials, curriculum or strategies to enhance instruction;
- Show evidence of ongoing professional learning through completion of specific training and/or advanced degrees;
- Display excellent interpersonal skills in communicating with students, parents, administrators, community members and professional colleagues.
- Must submit a completed Classroom Grant Application and application materials
- **Finalists will be required to:**
 - Attend the *Shades of Blue Scholarship* event to be held on Saturday, September 2013

Procedures/Instructions:

To be considered, all applicants must complete the *Shades of Blue* Classroom Grant application below. Application and all application materials must be submitted by **Friday, June 7, 2013** using one of the below methods (mailed packets **must be postmarked Friday, June 7, 2013**):

Email: Shadesofblue@deltagammezeta.org

US Mail: Zeta Phi Beta Sorority, Incorporated
Delta Gamma Zeta Chapter
Shades of Blue Selection Committee
PO Box 26760
Tempe, AZ 85285-6760

*Please help us spread the word about **Shades of Blue Classroom Grant** in the Phoenix Metropolitan area by photocopying this form and sharing it with your colleagues.*



Application Directions

- Please provide all information requested in the application form. Incomplete applications or those that do not adhere to the proper format will not be submitted for review.
- When completing the application, please explain the need or project thoroughly, include specific details about its educational value, and attach a clear and concise budget.
- Grants will be awarded to teachers in any amount up to \$500.
- The number of grants awarded will depend on the total amount of funds available from the *Shades of Blue* Scholarship Fund.
- **Section I must:**
 - Be **TYPED** & submitted on the form provided; and
 - Include signatures of the applicant **AND** the applicant's principal, and the name of applicant's district superintendent (chief school administrator).
- **Sections II-V must:**
 - Be typed in no less than 10 point Times New Roman font, with at least 1" margins, and double-spaced;
 - Adhere to the correct format – number and label each section and include page numbers;
 - Be limited to the maximum number of pages requested in each section, and
 - Be checked for typographical, grammatical and/or spelling errors.
- **Section VI must:**
 - Include two (2) recommendation letters each of which may be only one (1) page; and
 - Be typed in 12 point font and double spaced, **on letterhead, and signed.**
- Include in the packet only those sections (Sections I-V) and documentation (Section VI) specifically indicated. Please do not include any additional supporting materials or attachments. Completed packet should not to exceed twelve (10) pages total.
- Put all the pages in consecutive order of the sections and staple together in the upper left-hand corner. Do not put the application into any type of cover or binder.
- Submit one (1) original by mail or email (**scanned and in PDF form**). Completed applications must be received by the *Shades of Blue* Selection Committee no later than Friday **June 7, 2013**. Mailed applications must be **postmarked by Friday, June 7, 2013** to meet the deadline.



Zeta Phi Beta Sorority, Incorporated

Delta Gamma Zeta Chapter

Shades of Blue Classroom Grant Application

APPLICANT INFORMATION - Section I will not be scored; however, this section must be complete for application to be considered.

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| SECTION I | |
| NOMINEE INFORMATION | |
| NAME | |
| <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. | |
| HOME ADDRESS (Street, City, State, Zip Code) | |
| EMAIL ADDRESS <i>(That is checked readily over the summer)</i> | PHONE NUMBER <i>(Include area code)</i> |
| SCHOOL INFORMATION | |
| SCHOOL DISTRICT | |
| SCHOOL | |
| SCHOOL ADDRESS (Street, City, State, Zip Code) | |
| SCHOOL PHONE <i>(Include Area Code)</i> | SCHOOL FAX <i>(Include Area Code)</i> |
| SCHOOL PROFILE <i>(check one)</i> | TOTAL # OF STUDENTS IN CLASS(ES) |
| <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/> Charter | |
| CLASSROOM TEACHER INFORMATION | |
| NUMBER OF YEARS IN PRESENT POSITION | NUMBER OF TOTAL YEARS IN EDUCATION <i>(not just at your school)</i> |
| CURRENT TEACHING POSITION/GRADE LEVEL(S) | |
| SUBJECT AREA | |
| <input type="checkbox"/> English/Reading/Language Arts <input type="checkbox"/> Science <input type="checkbox"/> Foreign Language <i>(please specify)</i> <input type="checkbox"/> Mathematics <input type="checkbox"/> Social Studies <input type="checkbox"/> Elementary <i>(all subjects)</i> <input type="checkbox"/> Other <i>(please specify)</i> | |
| SIGNATURE | |
| <p>I hereby give my permission that any or all of the attached materials may be shared with individuals selected to evaluate credentials for the <i>Shades of Blue Classroom Grant</i> on the district, county, state, and national levels. I understand that the information contained in this application may be used by the Zeta Phi Beta Sorority, Inc., Delta Gamma Zeta Chapter in the promotion of the <i>Shades of Blue Scholarship Program</i>.</p> | |
| Signature of Candidate _____ Date _____ | |

SECTION I CONTINUED...**PRINCIPAL INFORMATION**

NAME

 Dr. Mr.
 Ms. Mrs.

ADDRESS (Street, City, State, Zip Code)

EMAIL ADDRESS

PHONE NUMBER (*Include Area Code*)**SUPERINTENDENT INFORMATION**

NAME

 Dr. Mr.
 Ms. Mrs.

EMAIL ADDRESS

CONTACT PHONE NUMBER (*Include Area Code*)**Continue to Sections II through VI**

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| SECTION II |
| EDUCATIONAL HISTORY, PROFESSIONAL DEVELOPMENT AND COMMUNITY ACTIVITIES |
| Provide a copy of your curriculum vitae (professional, education and community service) |

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| SECTION III |
| PROFESSIONAL BIOGRAPHY (IN 200 WORDS OR LESS) |
| What were the factors that influenced you to become a teacher? Describe what you consider to be your greatest contributions and accomplishments in education. |

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| SECTION IV |
| PHILOSOPHY OF TEACHING (IN 200 WORDS OR LESS) |
| Describe your personal feelings and beliefs about teaching, including your own ideas of what makes you an outstanding teacher. Describe the rewards you find in teaching. |

Section V provides opportunities for applicants to describe their needs or projects in detail to the Selections Committee. Budget information can be submitted on a separate page. Please adhere to maximum number of pages (three) for this section.

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| SECTION V |
| DESCRIPTION OF NEED OR PROJECT AND BUDGET (NEED/PROJECT DESCRIPTION: A MAXIMUM OF TWO (2) DOUBLE-SPACED PAGES, IN 500 WORDS OR LESS) (BUDGET: LIMITED TO ONE (1) PAGE) |
| <p>Please include the following information:</p> <ul style="list-style-type: none"> • Project Title or Need • Number of students impacted • Complete description / explanation of project / need and its educational value to the student/teacher • How funds will be used • Concise budget for the use of the funds (not to exceed \$500). |

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| SECTION VI |
| LETTERS OF SUPPORT/RECOMMENDATION (LIMIT OF TWO (2) LETTERS, MAXIMUM OF ONE (1) SINGLE OR DOUBLE SPACED PAGE EACH) |
| Include two (2) SIGNED letters of support from any of the following: superintendent, principal, administrator, colleague, or student (past or present). |



Delta Gamma Zeta Chapter of Zeta Phi Beta Sorority, Incorporated

Shades of Blue Grant Recommendation Waiver Form

Applicant: Please complete sections A and B below. Submit a copy of this form to the person who will write your letter of recommendation. To ensure that the letter is submitted, provide the recommender with the email address shadesofblue@deltagammazeta.org and/or a stamped envelope addressed to **Zeta Phi Beta Sorority, Inc. Delta Gamma Zeta Chapter, Shades of Blue Selection Committee, PO Box 26760, Tempe, AZ 85285-6760**. Each recommendation, along with this form, should be emailed directly from the recommender or placed in the envelope, sealed, and signed across the flap by the recommender. Please note that failure to complete section B (below) waives your right of access to the recommendation.

Section A:

Name of Applicant: _____

Current Educational Institution: _____

Current Teaching Position/Grade: _____

Section B:

___ I waive the right provided by the Family Educational Rights to Privacy Act of 1974 to view this letter of recommendation when completed and understand that it will remain confidential.

___ I do not waive my right to review this document. Rather, I wish to retain the right to view this letter on file with the Delta Gamma Zeta Chapter of Zeta Phi Beta Sorority, Inc.

Signature: _____ Date: _____

RECOMMENDER:

Your cooperation in providing a letter of recommendation for the above named applicant's academic or professional abilities is appreciated. If the applicant has agreed to the above waiver, scholarship committee will hold your letter as confidential. To preserve the confidentiality of this document, please email your recommendation and this form **directly** to shadesofblue@deltagammazeta.org or seal your letter of recommendation and this form in the envelope the applicant has provided, affix your signature across the flap of the envelope, and place it in the mail.

Name (please print): _____ Phone Number: _____

Institution or Company: _____ Position: _____

Address: _____

Recommender's Signature: _____ Date: _____

Typing your name in the space provided will be considered your official signature. Please enter your initials in the space provided to signify your agreement.