



District Office Professional Development Program

Directions:

- Read the entire application carefully prior to completion.
- Be thorough, yet concise, and use only the space provided.
- Complete the application form and the one-page resume form. Additional resume pages will not be considered.
- Print both forms; sign the application form; secure your superintendent's signature; and mail both forms to the address provided on page 3.
- Print the confidential recommendation form and submit it to the individuals familiar with your work as a school leader. The recommendation form must be received by August 3, 2018.

Name:

Last First MI

Position/Title:

School System:

Business Address:

Street City State/Zip County

Home Address:

Street City State/Zip County

Contact Information:

Business Phone Cell Phone Preferred Email

Certificate Type/Level:

Total years experience as a school and/or system leader:

Superintendent Endorsement:

If selected, I endorse the participation of _____,
and confirm that the District Office Professional Development Program
supports his/her performance goals.

Superintendent Signature

Date

1. If a member of your current staff were interviewed, how might they describe you as a leader?

2. What interests you about serving as a district office leader?

**3. What are three leadership accomplishments you have achieved in your school system or school?
Describe how you succeeded.**

Applicant Signature

Date

Selection Process

A committee selected by GSSA will choose the participants.

Please submit the application and resumé form by August 3, 2018.

The confidential recommendation form must be submitted by August 3, 2018.

All applicants will be notified of their enrollment status by August 17, 2018.

District Office Professional Development Program

Attn: Keith Porter

Georgia School Superintendents Association

5805 Buruss Road

Cumming, GA 30028