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 **July 26, 2019.**

otai years expe	Superintendent Endorsement: f selected, I endorse the participation of nd confirm that the District Office Professional Development Program						
Certificate Type/Level: Total years experience as a school and/or system leader:							
Business Phone		Cell Phone	Preferred Email				
Contact nformation:							
lome Address:	Street	City	State/Zip	County			
Business Address:	Street	City	State/Zip	County			
School System:							
Position/Title:							
	Last	First		MI			

 If a member of your current staff were interviewed, how m 	ight 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 achiev Describe how you succeeded.	'ed in your school system or school?
Applicant Signature	Date
Selection Process	
A committee selected by GSSA will choose the participants.	
Please submit the application and resume form by July 26, 2019. The confidential recommendation form must be submitted by July 26, 20 All applicants will be notified of their enrollment status by August 16, 201	

District Office Professional Development Program

Attn: Keith Porter
Georgia School Superintendents Association
5805 Buruss Road Cumming, GA 30028