



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 or email to klporter112@gmail.com.
- 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 21, 2020**.

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 resume form by August 21, 2020.

The confidential recommendation form must be submitted by August 21 2020.

All applicants will be notified of their enrollment status by August 21, 2020.

District Office Professional Development Program

Attn: Keith Porter

klporter112@gmail.com

5805 Buruss Road Cumming, GA 30028