



District Office Professional Development Program

Directions:

- Read the entire application carefully prior to completing.
- Be thorough, yet concise, and use only the space provided.
- Complete the application form and the one-page resumé form. Additional resumé pages will not be considered.
- Print both forms; sign the application form; secure your superintendent's signature, scan and email to Keith Porter at klporter112@gmail.com.
- Print the confidential recommendation form and submit to the individuals familiar with your work as a leader. **The recommendation form must be received by July 11, 2025.**

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 or department were interviewed, how might they describe you as a leader?

2. What interests or excites 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 reum  form by July 11, 2025.

The confidential recommendation form must be submitted by July 11, 2025.

All applicants will be notified of their enrollment status by July 18, 2025.

District Office Professional Development Program

Attn: Keith Porter

klporter112@gmail.com

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