

**Julie Stafford Professional Development Grant  
Supported by Julie Stafford and WMEF**

**Grant Applicant Full Name:** \_\_\_\_\_

**Grant Title:** \_\_\_\_\_

**Check that the following appropriate documentation is included with the application:**

- |  |   |
|--|---|
| <input type="checkbox"/> Completed proposal cover page | <input type="checkbox"/> Itemized Budget            |
| <input type="checkbox"/> Delineated proposal           | <input type="checkbox"/> District Letter of Support |

**Application Rating - Does the application meet the spirit of the grant?**

As you read the application rate each of the following criteria on a scale from 1 to 4 (1 weakest and 4 strongest). In addition, list your comments on the strengths and weaknesses for each criteria element in the corresponding row of the table. If needed, list other noteworthy information below the table. Based on your ratings, score tally and comments make your recommendations on whether or not to fund the grant.

Table Rubric (each category is worth a maximum of 4 points; Total Max = 20 points)

Describes the desired outcomes (including potential action items) as a participant in the professional learning experience	____ / 4
Describes the needs addressed through participation in the professional learning experience	____ / 4
Number of teachers and students impacted by participating in the learning event is significant and clearly outlined	____ / 4
Budget is itemized and realistic	____ / 4
Letter of support demonstrates strong support for attendance	____ / 4
<b>Total Score</b>	<b>____ / 20</b>

**Other notes and Recommendations:**

**Recommended Action (choose one):**

- Definitely fund
  Possible funding
  Do not fund

**Name of WMEF Member:** \_\_\_\_\_

**Date:** \_\_\_\_\_