Clarke County Education Foundation, Inc.
Supporting Our Public Schools
Post Office Box 1252 ▪ Berryville, VA 22611 ▪ (540) 955-6103 ▪ www.ccefinc.org

CCPS Teacher Continuing Education Scholarships Application

This application is for:

The Virginia B. Lloyd Superintendent's Scholarship &
The Kenneth and Barbara Thomas Memorial Scholarship

in recognition of outstanding teachers who work in Clarke County Public Schools to assist these teachers in furthering their education

These scholarships (amount TBD) are awarded annually by the CCEF to teachers who apply and are endorsed by their principal and CCPS Superintendent to assist teachers monetarily in continuing their education. This scholarship may be used for any training a teacher would like to pursue to further their education, including university courses or private training opportunities.

Name: _____

School/Grade Level: _____

Length of Time at CCPS: _____

How are you currently furthering your education and/or how do you plan to use these funds? Why did you choose this program?

_____

_____

_____

_____

Why do you feel you are an outstanding teacher? What impact do you have in Clarke County?

_____

_____

Do you have other funding sources/scholarships? Please detail below:

_____

_____

Training Name/ Institution Name	Total Cost	Details
	$	
	$	
	$	

By signing this document, I understand that if I am awarded this scholarship, the CCEF must pay the institution/training facility directly within 1 year of award.

_____ _____

Signature of Applicant Date

Please return this application to the CCEF by emailing director@ccefinc.org by October 15th

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*CCEF TEACHER SCHOLARSHIP PAYMENT REQUEST FORM***

(This form is intended for teachers who have been awarded a CCEF Teacher Scholarship. Form must be submitted to the Clarke County Education Foundation along with an official tuition bill or statement.)

Name of Applicant: _____ School / Position: _____
Home Address: _____

COURSE / PROGRAM INFORMATION

College / University / Provider: _____
Billing Address for Institution: _____
Student ID Number: _____
Start Date: _____ Anticipated Completion Date: _____

Reason for Taking Course (Check One):
☐ Certification ☐ License Renewal ☐ Master's degree Coursework ☐ Doctorate Coursework ☐ Professional Development Activity ☐ Other: _____

PAYMENT INFORMATION

Total Tuition Cost (Tuition Only): $_____
(Attach official tuition bill/statement showing the balance due.)

Amount Awarded from CCEF: $_____ Scholarship Name: _____
(CCEF may approve full or partial funding depending on available resources.)

STATEMENT OF UNDERSTANDING & AGREEMENT

By requesting scholarship funds from the Clarke County Education Foundation (CCEF), I agree to the following:

- Direct Payment to Institution: CCEF will issue payment directly to the college, university, or approved training provider based on the submitted bill. Funds will not be issued to individual employees.
- Documentation Requirements: I must submit: This completed form, My student ID number, A copy of my official bill or invoice, Proof of successful course completion (grade report, transcript, or certificate) upon completion.
- Repayment Agreement: If I do not complete the course within one year, I agree to repay CCEF for the full amount paid. Because CCEF scholarship funds are intended to benefit CCPS students and teachers, I agree to remain employed by Clarke County Public Schools for up to three academic years after payment is issued. If I voluntarily leave CCPS before completing this commitment, I agree to repay CCEF as follows:
  - Leaving within the 1st academic year: Repay 100% of funds
  - Leaving within the 2nd academic year: Repay 67% of funds
  - Leaving within the 3rd academic year: Repay 33% of funds
- Repayment Responsibility: If repayment becomes necessary, I agree to coordinate repayment directly with the Clarke County Education Foundation and understand the full amount must be repaid.

Signature of Applicant: _____ Date: _____

CCEF OFFICE USE ONLY

☐ Approved ☐ Denied Amount Approved: $_____ Fund Name: _____
Reason if Denied: _____
Authorized Signature – CCEF _____ Date: _____
Executive Director

Return Form to CCEF via interoffice mail to the SBO or email to director@ccefinc.org