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 recognize dedicated CCPS educators and support their continued professional growth and learning.

Scholarship funds may be used toward educational opportunities that strengthen an educator's knowledge, skills, and ability to serve CCPS students. Eligible opportunities may include college or university coursework, degree or certification programs, specialized training, workshops, or other approved professional learning experiences.

Before applying for a CCEF Continuing Education Scholarship, applicants must first apply for available reimbursement or funding through Clarke County Public Schools. CCEF scholarship funds are intended to supplement available CCPS funding and help cover remaining eligible expenses.

Applicant Information

Name: _____
School: _____
Grade Level/Position: _____
Years of Service with CCPS: _____

Continuing Education Plan

Please describe the educational or professional learning opportunity you are pursuing or plan to pursue. Why did you choose this opportunity, and how will it support your continued growth as an educator?

Impact as a CCPS Educator

Please describe the impact you have made on your students, school, and/or the Clarke County community. How will this continuing education opportunity help you strengthen or expand that impact?

CCPS Reimbursement Requirement

Have you applied for reimbursement or other available funding through CCPS for this educational opportunity?

☐ Yes

Amount requested from CCPS: $_____

Amount approved by CCPS: $_____

☐ Approval is still pending

If applicable, please briefly explain any expenses that are not covered by CCPS reimbursement:

Other Funding Sources

Have you received or applied for any additional scholarships, grants, reimbursements, or other funding for this opportunity?

☐ No

☐ Yes. Please provide details:

Funding Request

Training, Program, or Institution	Total Cost	CCPS Reimbursement	Other Funding	Amount Requested from CCEF
	$	$	$	$
	$	$	$	$
	$	$	$	$

CCEF Statement of Understanding and Agreement

By signing below, I certify that the information provided in this application is accurate and that I have applied for available reimbursement or funding through Clarke County Public Schools prior to requesting scholarship assistance from the Clarke County Education Foundation.

I understand that CCEF Continuing Education Scholarship funds are intended to supplement available CCPS funding and support my continued professional growth and service as an educator in Clarke County Public Schools. If awarded a scholarship, CCEF will make payment directly to the approved institution or training provider, and scholarship funds must be used within two years of the award date.

With the exception of courses or professional development directed for the purpose of improving performance, if I voluntarily leave employment with Clarke County Public Schools within three academic school years following the academic year in which CCEF scholarship funds are received, I agree to reimburse the Clarke County Education Foundation according to the following schedule:

1. **First academic year:** If I voluntarily leave CCPS before returning for the first academic year following receipt of CCEF scholarship funds, I will reimburse CCEF **100%** of the scholarship funds received.

2. **Second academic year:** If I voluntarily leave CCPS before returning for the second academic year following receipt of CCEF scholarship funds, I will reimburse CCEF **67%** of the scholarship funds received.

3. **Third academic year:** If I voluntarily leave CCPS before returning for the third academic year following receipt of CCEF scholarship funds, I will reimburse CCEF **33%** of the scholarship funds received.

I understand that any repayment obligation to CCEF is separate from any repayment obligation I may have to Clarke County Public Schools under CCPS Policy **GCBC-CCPS-R**.

By signing this agreement, I acknowledge that I have read, understand, and agree to the terms outlined above.

Applicant Signature: _____

Date: _____

Application Deadline

Please submit your completed application to the Clarke County Education Foundation at **director@ccefinc.org by October 15.**