

**SDACTE Sponsored Summer Conference  
Stipend Application**  
<https://www.acteonline.org/sdacte/>  
**Deadline-July 1st**

**PURPOSE:**

To recognize SDACTE members who have made and or will make contributions to SDACTE/ACTE

**3 Awards @ \$500.00**

**ELIGIBILITY:**

Three \$500 stipends will be awarded to SDACTE members. The preference is to award one stipend to first-time attendee and two to a prior attendee, however the SDACTE Executive Committee has the discretion to award the stipends to the best candidates.

**MANDATORY CRITERIA FOR WINNERS:**

1. Winners must submit an article to SDACTE’s newsletter summarizing their experiences at SDACTE Summer Conference.
2. Winners must attend the SDACTE Business Meeting at Summer Conference.
3. Winners must remain at the SDACTE conference through the last day.
4. Winners must attend the post Board of Directors meeting on Wednesday.

<b>Section A- Leadership History &amp; Aspirations</b>			
<b>CRITERIA</b>	<b>POSSIBLE POINTS</b>	<b>MAXIMUM</b>	<b>SCORE</b>
1. Leadership positions held (past & present) in ACTE, SDACTE, and member’s division.	5 pt/ each	20	
2. Leadership positions held (past & present) not directly related to ACTE, SDACTE, and member’s division.	5 pt/ each	15	
3. Professional awards earned (past & present)	5 pt/ each	15	
4. Volunteer service (professional & civic)	5 pt/ each	10	
5. Current president of SDACTE division	10 pts	10	
<b>Section B- Written Statement</b>			
1. Typed, 200 words or less statement about how you, your division, and SDACTE will benefit as a result of conference attendance.	25	25	
2. Application is free of typing/spelling/grammatical errors.	5	5	
<b>Subtotal</b>		<b>100</b>	
1. Applicant has never attended this conference.	10	10	
<b>Total</b>		<b>110</b>	

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(Applications should be e-mailed to the immediate past president. Received by 11:59 pm, July 1st)

**Bobbie Jo Donovan**

605-394-6986 (W)

[Bobbiejo.donovan@k12.sd.us](mailto:Bobbiejo.donovan@k12.sd.us)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Years as member of SDACTE: \_\_\_\_\_

Have you previously attended the ACTE Vision Conference? YES / NO

**Written Statement:**

The application must submit a typed, 200-words or less statement to include the following information.

- A. Your activities and leadership roles both as a member of SDACTE and those roles not associated with SDACTE.
- B. Professional awards earned (past & present)
- C. Volunteer service (professional & civic).
- D. Your goals as a member of SDACTE.
- E. Explanation of how your attendance at the SDACTE Summer Conference will benefit you, your division and SDACTE.

*\*I have read the selection criteria and understand the requirements associated with receiving this stipend and hereby agree to comply with the requirements.*

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_