

Central Cities

Gifted Children's Association

The Gifted Teacher Fellowship Program

The Gifted Teacher Fellowship Program of the Central Cities Gifted Children's Association was created to recognize the outstanding educators who are teaching in Gifted and Talented Education (GATE) programs in the Central Cities area. The purpose of the Gifted Teacher Fellowship Program is to foster excellence within gifted education, encourage a commitment to serve gifted students in the central cities and beyond in grades, K to 12, and to promote an understanding of differentiated instructional strategies in the classroom that can be replicated in other classrooms. Candidates will be selected based on the following: a one-page description of the nature and purpose of an instructional lesson or project; a budget statement showing proposed expenses; evidence of commitment to purpose: autobiographical statements which include examples of achievement and interest (1 page); recommendations or letters of support from school's administrator and two additional persons. Candidates will be awarded grants up to \$500 to finance their advanced educational projects or programs.

Application Form

Name: _____ E-mail: _____

Home address: _____ City/Zip: _____

School: _____ District: _____

Grade/s taught: _____ Total number of GATE students in class/es: _____

This application is for: _____

Timeline for project: Approximate beginning date: _____ Approximate ending date: _____

I hereby apply to participate in the Gifted Teacher Fellowship Program of the Central Cities Gifted Children's Association. In support of this application I am enclosing the required statements and certify them to be true and correct. I understand that if any information submitted is determined to be untrue or incorrect, the Teacher Fellowship Program Committee may reject my application. I also understand and agree that if I am awarded a grant, I will submit an evaluation of the program/project to the Central Cities GCA Advisory Council within two months of completion.

Signature: _____ Date: _____

Work address: _____ Work phone: _____

City/Zip: _____ Home phone: _____

Please check that you have included all necessary support items: Description of lesson or project, Statement of proposed expenses, Commitment to purpose, and Recommendations. All components of the application must be typed.

Mail completed application to:

Central Cities Gifted Children's Association, Gifted Teacher Fellowship Program
8461 South Van Ness Avenue
Inglewood, CA 90305
Or FAX your application to: 805.583.0207