

JAMES V. AND DOROTHY B. MOON SCHOLARSHIP - GUIDELINES

School Administrators Foundation for Education

PURPOSE

The purpose of the James V. and Dorothy B. Moon Scholarship Program (hereinafter, "scholarship") is to provide scholarship grants to assist individuals in the pursuit of graduate study leading to improved competency in the superintendency.

APPLICANT QUALIFICATIONS

Individuals who are eligible for this scholarship shall:

- be a resident of Illinois;
- be of good character;
- be a graduate of an accredited college or university;
- be enrolled in an advanced degree program at an accredited college or university;
- hold administrative certification in Illinois;
- be a practicing school administrator in Illinois; and
- not have previously received a Moon Scholarship.

APPLICATION PROCESS

Applications must be completed on the forms provided by the Board of Trustees of the School Administrators Foundation for Education (hereinafter, "Board of Trustees") and submitted to the Executive Director of the Illinois Association of School Administrators. The completed application package should be postmarked midnight no later than Friday, December 6, 2019. Please note it is the applicant's responsibility to provide all requested items along with the completed application and that incomplete applications will not be accepted and/or considered. Completed applications must include the following and in this order (please do not bind or staple your application):

- Section I Response to practicum question (see application form)
- Section II Three letters of reference, specific to the subject of the scholarship and judging criteria
- Section III A statement by the applicant indicating a commitment to the superintendency
- Section IV A statement by the applicant concerning involvement with professional development programs
- Section V Verification by the college or university of the applicant's official status as a degree candidate
- Section VI A full set of graduate and undergraduate university transcripts (must be submitted along with the application; please do not send separately)
- Section VII Proof of employment as a practicing administrator in Illinois (letter on school district letterhead signed by an official at the school district.)
- Award Acknowledgment Form

AWARDS

Scholarship awards will be made on the basis of:

- Letters of recommendations
- Good scholarship
- Commitment to and understanding of the superintendency
- Evidence of communication skills
- Abilities and strengths of the applicant as indicated in the letters of support
- Demonstrated participation in professional development programs

The SAFE Board of Trustees will review the applications and select the award recipients in early February 2020. The public announcement of the Board of Trustees selections will be provided via the IASA Newsletter in April 2020. The award will be payable in the next academic year beginning with the summer term. Payment will be made directly to the college or university upon notice from the school that an amount less than or equal to the award amount is necessary to pay tuition, fees, and/or textbook expenses or software as required by the program and university, unless other arrangements have been made.

The complete application package must be postmarked no later than midnight, Friday, December 6, 2019.

TERMS OF THE SCHOLARSHIP

Scholarship recipients shall enroll at an accredited college or university for full or regular study at the graduate level in an advanced degree program designed to improve the competency of the individual as an Illinois school superintendent. Recipients must contribute to the further development of the superintendency in Illinois for a period of two years following the completion of their degree program in which they accepted payment of tuition, fees, and/or textbook expenses on their behalf.

At the discretion of the Board of Trustees, persons who fail to comply with the terms of this scholarship may be required to refund part or all of the funds expended on their behalf. Scholarship recipients shall be required to agree in writing to this stipulation at the time of application, prior to its consideration.

The scholarship award will be for a minimum of \$2,500 a year. Applicants may apply for the award in successive years if they have not already received a Moon Scholarship.

Questions can be directed to Jodi Gillespie at 217/753-2213 or email to jgillespie@iasaedu.org.



James V. and Dorothy B. Moon Scholarship Application - 2020 School Administrators Foundation for Education Program

Name	County of Residence
School District	
Title at School District	
Work Address	
Work E-mail	
Telephone (Work)	(Home)
Home Address	
College or University Attending	
may be required to refund part or all o be required to agree in writing to this st	tees, persons who fail to comply with the terms of this scholarship of the funds expended on their behalf. Scholarship recipients shall tipulation at the time of application, prior to its consideration. ith the terms of the scholarship as noted within the Guidelines.
Signature of Applicant	Date
Scholarship Requirements Practicum Question: Please respond to What do you perceive your role to	to the following question. (Maximum Length – 3 pages) be in the following areas:
Educational LeaderCommunity LeaderPolitical Advocate for Pu	ablic Schools
☐ Section I - Response to practice☐ Section II - Three letters of refe	wing items along with this application form: um question listed above. erence, specific to the matter of the scholarship e applicant indicating a commitment to the superintendency

Section IV - A statement by the applicant concerning involvement with professional development
programs
Section V - Verification by the college or university of the applicant's official status as a degree candidate
Section VI - A full set of university transcripts (must be submitted along with the application; please do not send separately)
Section VII - Proof of employment as a practicing administrator in Illinois (letter on school district letterhead signed by an official at the school district.)
Award Acknowledgment Form

Please note it is the applicant's responsibility to provide all requested items along with the completed application and that incomplete applications will not be accepted and/or considered.

Questions can be directed to Jodi Gillespie at 217/753-2213 or email to jgillespie@iasaedu.org.

The complete application package must be postmarked no later than midnight, Friday, December 6, 2019, and submitted to:

James V. and Dorothy B. Moon Scholarship c/o Illinois Association of School Administrators 2648 Beechler Court Springfield, IL 62703-7305

Award Acknowledgement Form

I,, hereby acknowledge and understand the selection criteria and award expectations as set forth in the application. If selected, I acknowledge that I am expected to be of high integrity, moral character and uphold the highest standards of professionalism.
I further acknowledge and have read the Illinois Association of School Administrators' Code of Ethics as follows and hereby agree to be held to the professional standards as set forth within.
exercise allegiance to the United States of America and the State of Illinois
afford leadership to the educational community
demonstrate effective and efficient administration and management of schools
honor the public trust
be of high moral character in all matters public and private
practice the highest standards of responsibility
respect and protect the dignity and worth of all people
provide the best possible educational opportunities and experiences for all students
contribute to the achievement of all students at their maximum potential
foster communication with the public
increase community involvement in the schools
recognize parents as partners in a child's education
support the recruitment and retention of quality teaching and support personnel
add to the body of specialized knowledge of school administration
work within school board policy, local, state and federal laws
advise the board of education on educational matters
administer board policy and decisions effectively
I understand and agree that by applying and if selected that the SAFE Board of Trustees reserve and maintains the right to rescind any award for misrepresentation, fraud, sufficient evidence of malfeasance and/or violation of the Illinois Association of School Administrators' Code of Ethics of other applicable code of ethics to which may apply and/or felony conviction relating to or arising out of or in connection with your service as an educator. As an award winner representing Illinois school administrators statewide we want to make certain the highest standards of professionalism are met.
Signature Date