

**ARCHDIOCESE OF SAN FRANCISCO**  
**Educator Incentive Grant Program**  
**Application Form 2011-2012**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City

State

Zip code

E-mail Address \_\_\_\_\_ Telephone (     ) \_\_\_\_\_

School where employed \_\_\_\_\_

Name of College or University \_\_\_\_\_

Degree Program: (Please check) Master's [   ]     Doctoral [   ]     Credential [   ]

Course Title(s) \_\_\_\_\_

Semester(s) requested: Summer 11 \_\_\_\_\_ Fall 11 \_\_\_\_\_ Spring 12 \_\_\_\_\_

**Please check each semester for which you will need tuition assistance.**

**Semesters that are not requested cannot be funded.**

Anticipated date for degree/credential completion \_\_\_\_/\_\_\_\_/\_\_\_\_ Tuition \$\_\_\_\_\_per unit.  
Month     Year

**APPLICATIONS MUST:**

- a. Include a letter of recommendation from the applicant's local administrator. The recommendation form is found in the password protected section of the Department of Catholic Schools website.
- b. Be received by **Monday, October 3, 2011**. Applications will not be considered after this date.

Mail to:             Bret E. Allen  
Associate Superintendent for Educational and Professional Leadership  
Department of Catholic Schools  
One Peter Yorke Way  
San Francisco, CA 94109-6602

Incentive grants will not be issued until applicant has provided transcript, grade report or other official verification that course(s) were successfully completed. For course(s) completed during the summer 2011, official verification of completion should be attached to this application.

***I understand that by my acceptance of an Incentive Grant, I commit myself to continue my service in elementary/secondary schools of the Archdiocese of San Francisco for three years.***

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date