



CASCADE CHRISTIAN SCHOOLS
IMPACT Leadership Development Program
APPLICATION

Name: _____ Date of application: _____

Current position and campus: _____

Name of current supervisor: _____

Area of leadership interest:

- Administrative Track, Lead/Master Teacher Track, Credential Completion Track, Specialist Track

- Please request a written letter of recommendation from your supervisor to be submitted to the superintendent's office.
Please submit to the superintendent's office a written statement as to why you would like to participate in this program and how you believe you can contribute at a higher level in your track of interest.

Training program currently involved in or desired to be involved in:

- Name of institution:
Type of program:
Start date:
Completion date:
Total credit hours required for program:
Cost per credit hour: \$
Total cost for program: \$

My signature below indicates that I have read and agree to the conditions of the program as outlined on the reverse side of this document.

Applicant signature

Date

Review/Response Section (to be completed by Oversight Committee after application has been received)

Supervisor's recommendation received (Date) Applicant statement received (Date)

Request approved/denied (Date)

Amount of support for year one: \$

Projected amount of support for year two: \$

Projected amount of support for year three: \$

Total amount of projected support: \$

Superintendent signature

Date

Applicant signature

Date

Signature of applicant is required, indicating acceptance of funds if application has been approved

IMPACT Leadership Development Program Conditions:

- The number of individuals involved in the program in any given year and the amount of financial assistance available to each participant will be determined by the number of participants in the program and the amount of funds available. The program's Oversight Committee will determine the amount of assistance allocated to each participant each year.
- Participation in the program is not a guarantee of placement in a particular leadership position or other role at a particular point in time.
- The recipient will repay the amount of financial support provided with three years of service to Cascade Christian Schools per each year of financial assistance.
- If for some reason the recipient chooses to leave Cascade Christian Schools, or is released for cause, prior to fulfilling three years of service for each year of support provided, the recipient understands that Cascade Christian Schools reserves the right to request repayment of the unfulfilled portion.
- Any amount of assistance over \$5,250 in a given year will have to be reported as taxable income.
- The allocation of funds for tuition assistance is subject to year-to-year availability due to general budget conditions. If it becomes necessary to reduce or suspend the allocation of funds, priority consideration will be given to those who are already receiving assistance.
- Award will be given based on current hourly employment status. If an employee requests a reduction in hours worked while under this program, the award is subject to review and reduction in award.