

**South Carolina Section of the American Chemical Society  
E. L. Holmes Professional Development Grant Program  
for Secondary School Chemistry Teachers**

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**CRITERIA FOR ELIGIBILITY FOR PROFESSIONAL DEVELOPMENT GRANTS**

1. High school chemistry teachers only.
2. Teacher must be currently teaching in a school within boundaries of South Carolina Section (see list of counties below).
3. Chemistry course must be above general chemistry level unless you are teaching chemistry outside of your certification area. Teacher must earn a minimum grade of B in the course.
4. College/University offering the chemistry course must be accredited.
5. Chemistry workshop/institute must be exclusively for professional development for academic credit or recertification credit.
6. **For Chemistry Courses:** Grant will be paid directly to teacher upon presentation of official transcript and tuition receipt to the Secretary-Treasurer of the South Carolina Section. Transcript must show the course, grade, credits earned, and dates attended.
7. **For Chemistry Workshop/Institute:** Grant will be paid directly to teacher upon presentation of documentation of having successfully and satisfactorily completed the workshop.
8. **For Attendance at Chemistry –Related Conference:** Grant will be paid directly to teacher upon presentation of paid Conference Registration Receipt.
9. Maximum amount of grant is half the cost of activity up to \$500.

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**29 COUNTIES WITHIN THE BOUNDARIES OF THE SOUTH CAROLINA SECTION**

Allendale	Bamberg	Beaufort	Berkeley	Calhoun	Charleston
Chester	Chesterfield	Clarendon	Colleton	Darlington	Dillon
Dorchester	Fairfield	Florence	Georgetown	Hampton	Horry
Jasper	Kershaw	Lancaster	Lee	Lexington	Marion
Marlboro	Orangeburg	Richland	Sumter	Williamsburg	

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Submit completed application to: Dr. Jennifer Kelley, Chair  
SCACS Professional Development Committee  
Francis Marion University  
PO Box 100547  
Florence, SC 29502

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If grant is approved, one copy of application will be returned to applicant.

Form Revised 30 April 2014

Approvals:

**South Carolina Section of the American Chemical Society  
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**APPLICATION FOR PROFESSIONAL DEVELOPMENT GRANT**

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Name \_\_\_\_\_ Home Phone \_\_\_\_\_ School Phone \_\_\_\_\_

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Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

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Name of High School \_\_\_\_\_ Address \_\_\_\_\_ Zip Code \_\_\_\_\_

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Grades and Subjects Currently Teaching \_\_\_\_\_

**Please fill out section A, B or C as appropriate.**

**A. Chemistry Course**

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Title of Course \_\_\_\_\_ Course Number \_\_\_\_\_ Credit Hours \_\_\_\_\_

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Accredited College or University offering this course \_\_\_\_\_ Location \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

\$ \_\_\_\_\_ Tuition per credit hour for the course      \$ \_\_\_\_\_ Total Tuition Amount for the course

**B. Chemistry Workshop or Institute**

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Title of Workshop/Institute you wish to take \_\_\_\_\_ Location \_\_\_\_\_

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Academic or Industrial Sponsor \_\_\_\_\_ Dates of Attendance \_\_\_\_\_ \$ \_\_\_\_\_ Total Cost for Workshop

**C. Chemistry-Related Conference**

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Title of Chemistry Related Conference \_\_\_\_\_ Location \_\_\_\_\_

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Inclusive Dates of Conference \_\_\_\_\_ \$ \_\_\_\_\_ Registration Fee

**Write a brief statement of your purpose in participating in: A. the chemistry course, B. the chemistry workshop/institute OR C. attending the conference listed above.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_