



ANNOUNCEMENT

TO: Special Education Personnel
FROM: Lansing Educational Advancement Foundation (LEAF)
SUBJECT: Marvin & Pauline Beekman Fellowship Awards
DATE: September 1, 2009

The Board of Trustees of the Lansing Educational Advancement Foundation (LEAF) is pleased to announce the ninth year of funding for the MARVIN E. & PAULINE E. BEEKMAN FELLOWSHIP AWARDS PROGRAM. This year we will award **\$500.00**.

Marvin E. Beekman has long been recognized nationally as a pioneer in the field of the education of students with disabilities, having served as a teacher and the Lansing School District's Director of Special Education for 36 years. All district personnel directly or indirectly involved with students with disabilities are eligible to apply. Fellowship awards will be presented to selected individuals for full or partial cost reimbursement to topical conferences, workshops, seminars, etc. designed to enhance the delivery of services to students who have special needs. A selection committee on a competitive basis will review applications.

The attached application form must be filled out completely and signed by the applicant and their supervisor. Applications should be mailed to the LEAF office at the Beekman Center, attention Anne Goudie.

*The deadline for submission of grants is **October 15**.*

Award recipients will be announced at the November LEAF Fundraiser. Awards must be expended by **December 1, 2010**. At the conclusion of the activity, you will be required to furnish a brief report.

Funds for the Beekman Fellowship Awards have been made available through contributions to the Marvin E. & Pauline E. Beekman Memorial Fund.

For additional information, please contact Anne Goudie, LEAF Specialist, 755-3177.



FELLOWSHIP APPLICATION

DUE ON OCTOBER 15

Please print legibly.

Applicant's Name _____ Position _____ School Year: _____

Building Name _____ School Phone _____ Best time to reach you _____

Address (Include City and Zip) _____

Evening Phone _____ Best time to reach you _____

Email Address _____

Grade Level/Subject Taught _____

Conference/Workshop Title: (Please attach a copy of the conference flyer.) _____

Conference Date _____

Approximate number of students impacted by this project _____

Amount Requested _____ Budget _____

How will participation in this conference impact students who are disabled? _____

Applicant's Signature _____ Date _____

Supervisor's/Principal's Signature _____ Date _____

- For further information or assistance contact Anne Goudie at the LEAF office 755-3177. **Please return the application and a copy of the conference flyer on or before October 15** via courier as faxes are often illegible. Send to: ANNE GOUDIE, LEAF OFFICE – BEEKMAN CENTER, Room 147.

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will be announced at the
November LEAF Fundraiser.**