



NORTH CAROLINA COMMITTEE ON DROPOUT PREVENTION

2010 DROPOUT PREVENTION GRANT REVIEWER INTEREST APPLICATION

Individuals interested in serving as a dropout prevention grant application reviewer must complete this application and the associated Conflict of Interest form.

Application reviewers will be selected by staff from the NC Department of Public Instruction based on qualifications and professional experience. Previous experience in grant review is preferred but not required. ***If selected, reviewer must participate in a one-day training activity on September 14, 2010 in Raleigh or September 16, 2010 in Greensboro.***

CONTACT INFORMATION *Required

*First Name	Middle/Maiden Name	*Last Name
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*Street Address

*City	*State	*ZIP Code	*County
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*Home Telephone	*Business Telephone	Cell Telephone
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*Email address	*Re-type email address
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CURRENT EMPLOYER

*Current Employer (If you have no current employer, write N/A or retired) _____

*Job Title/Community Role (Menu)

- | | |
|--|---|
| <input type="checkbox"/> District or School Administrator
<input type="checkbox"/> Counselor
<input type="checkbox"/> Local BOE Member
<input type="checkbox"/> Social Worker
<input type="checkbox"/> Other, please specify _____ | <input type="checkbox"/> Community Partner
<input type="checkbox"/> College/University Professor or Administrator
<input type="checkbox"/> Parent
<input type="checkbox"/> Teacher |
|--|---|

PROFESSIONAL EXPERIENCE FROM 2005 – PRESENT (If retired, please list most recent position.)

*Year(s): _____ - Present

Employer _____ Position _____

County _____ City/State _____

Year(s): _____ - _____

Employer _____ Position _____

County _____ City/State _____

Year(s): _____ - _____

Employer _____ Position _____

County _____ City/State _____

Year(s): _____ - _____

Employer _____ Position _____

County _____ City/State _____

List any experiences that may qualify you to be a grant reviewer. *(Limit to 100 characters)*

***Have you ever reviewed grant applications for the NC Department of Public Instruction or the U.S. Department of Education?**

Yes No

If yes, please select the school years in which you reviewed the grant(s). (Select all that apply.)

2009-2010 2008-2009 2007-2008 2006-2007 2005-2006

***Have you ever been associated with an organization that has been a recipient of a North Carolina Dropout Prevention Grant?**

Yes No

Please mail or fax your completed form to:

North Carolina Committee on Dropout Prevention North Carolina Department of Public Instruction 6370 Mail Service Center Raleigh, NC 27699-6370 Fax (919) 807-4065
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Ethics Statement for Reviewers of North Carolina Dropout Prevention Grant Applications

Reviewers are reminded that it is your duty to avoid conflicts of interest and the appearance of conflicts of interest as we handle the work of the North Carolina Dropout Prevention Committee. If during the course of the review you become aware of an actual or apparent conflict of interest, please bring the matter to the attention of the NC Department of Public Instruction staff. It will then be your duty to abstain from participating in discussion on the matter and from voting on the matter.

I have read this statement and will adhere to the statement and the spirit in which it is written.

Reviewer Signature

Date

Please mail or fax your completed form to:

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North Carolina Department of Public Instruction
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