

**Division of Education Excellence  
21<sup>st</sup> Century Community Learning Centers (21<sup>st</sup> CCLC) Grant  
Volunteer Grant Reviewer Application**

**Instructions:** Please complete the following. Please note that you are able to click the shaded areas to fill in the form and/or make an appropriate selection.

Mr. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(First) (M.I.) (Last) (Today's Date)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_@\_\_\_\_\_

Highest Degree Achieved: High School Diploma Discipline: \_\_\_\_\_

OSSE will select reviewers based upon their professional and personal experiences as it relates to the goal, purpose, and needs of the 21<sup>st</sup> Century Community Learning Centers (21<sup>st</sup> CCLC) Grant Program. Please indicate your experience and background and **attach your resume and/or curriculum vitae.**

<input type="checkbox"/> 21 <sup>st</sup> CCLC State Director/SEA Staff	<input type="checkbox"/> 21 <sup>st</sup> CCLC Project Director/Coordinator	<input type="checkbox"/> Current Subgrantee	<input type="checkbox"/> Parent and/or Parent Liaison
<input type="checkbox"/> University Administrator/Faculty	<input type="checkbox"/> K-12 Administrator/Faculty (private, charter, or public)	<input type="checkbox"/> Current OSSE Staff	<input type="checkbox"/> Community Leader/Representative
<input type="checkbox"/> Faith-based Representative	<input type="checkbox"/> Other: _____		

**Please check all that apply.** I have experience and/or an area of expertise in the following areas:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> African-American Students                 | <input type="checkbox"/> Special Education Instruction          | <input type="checkbox"/> Fiscal Reviews                  |
| <input type="checkbox"/> Asian/Hawaiian Pacific Islander Students  | <input type="checkbox"/> LEP/NEP Instruction                    | <input type="checkbox"/> Grants Management               |
| <input type="checkbox"/> American Indian/Alaska Native Students    | <input type="checkbox"/> Family Literacy Programs               | <input type="checkbox"/> Parental Involvement Activities |
| <input type="checkbox"/> Hispanic/Latino Students                  | <input type="checkbox"/> Gifted and Talented Programs           | <input type="checkbox"/> Non-profit Management           |
| <input type="checkbox"/> Title I students                          | <input type="checkbox"/> Academic Enrichment Programs           | <input type="checkbox"/> Faith-based Community           |
| <input type="checkbox"/> Homeless Youth and Families               | <input type="checkbox"/> Senior Citizen Volunteers              | <input type="checkbox"/> Community Based Organizations   |
| <input type="checkbox"/> Extended Day/After School/Summer Programs | <input type="checkbox"/> Character Education Instruction        | <input type="checkbox"/> Private School Issues           |
| <input type="checkbox"/> Youth Development                         | <input type="checkbox"/> Drug/Violence Prevention Programs      | <input type="checkbox"/> Charter School Issues           |
| <input type="checkbox"/> Reading Instruction                       | <input type="checkbox"/> Science Education Activities           | <input type="checkbox"/> Elementary Students             |
| <input type="checkbox"/> Math Instruction                          | <input type="checkbox"/> Cultural (Art, Music, etc.) Activities | <input type="checkbox"/> Middle School Students          |
| <input type="checkbox"/> Tutoring                                  | <input type="checkbox"/> Technology Instruction/Activities      | <input type="checkbox"/> High School Students            |
| <input type="checkbox"/> Homework Help                             | <input type="checkbox"/> Community Service/Service Learning     | <input type="checkbox"/> Professional Development        |

Have you served as a grant reviewer for District of Columbia OSSE and/or Office of Federal Grants?  No  Yes

If yes, please list the dates and agencies for which you have reviewed grants: \_\_\_\_\_

How did you hear about the OSSE Reviewer Program?  OSSE website  Referral \_\_\_\_\_  Other: \_\_\_\_\_

Would you be interested in participating in on-site interviews with applicant finalists?  No  Yes

Is there any additional information you would like for us to know as we consider your application to review 21<sup>st</sup> CCLC grant applications?  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please complete and return with resume and/or curriculum vitae and signed Conflict of Interest Statement to:**

**Office of the State Superintendent of Education**

**Division of Education Excellence**

**51 N Street NE, Lower Level**

**Washington, DC 20002**

**Attn: Lisa Williams**

**(202) 741-6419 (voice) (202) 741-6491 (fax)**

**Email: [lisa.williams@dc.gov](mailto:lisa.williams@dc.gov)**