APPLICATION FORM FOR ACADEMIC STIPEND

EMPLOYEE NAME_____

DATE OF APPLICATION_____

NAME OF ACCREDITED UNIVERSITY_____

NAME OF COURSE TAKEN_____

NUMBER OF HOURS TAKEN_____

COST OF COURSE_____

The above course is related to my teaching field and/or my field of certification YES / NO

Attach paperwork verifying your course information. (A copy of your payment receipt and a copy of your transcript.)

Please return completed form to the Treasurer's Office.