New Stipend Request Form

Please read Procedures for Requesting a New Stipend before completing this form.

Name of Activity:

Qualifications: (Administrator must complete this section before submitting to the Superintendent)

Purpose:

Responsibilities of Advisor/Coach:

Length of activity/period of responsibility (month to month):

Number of Hours Required of Advisor/Coach per week (on average):

***Breakdown of Hours:**
(Examples: practices, games, student meetings, organizing activities, publicizing, activities)

Of above*, percent of hours during school day:

Of above*, percent of hours outside the school day:

Number of Students:

Parent volunteers or other adult help?

Special event(s) required? (all day event, weekend activity, etc)

Revised: 11-17-20

OTHER FACTORS:

Travel:

Overnight:

Does activity require a Budget?

How is this position being done/funded currently?

Does this position require Fundraising:

Comments:

Submitted by: **Date**:_____

Administrator:_____ **Approved**:_____**Denied:**_____

Please return this form to the Superintendent's Office

Revised: 11-17-20