

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.