



STIPEND APPLICATION

Name: _____ Building: _____

Contact Number: _____ Email: _____

Employee Number: _____

Send completed form to Nedra Woolfolk at Central Office prior to workshop attendance or day of workshop. Please call or email with any questions. 636-443-4029 or nwoolfolk@stcharlessd.org

1. Name of Workshop: _____

2. Date(s) of Workshop: _____

3. Hours of Workshop: _____

4. When filling out the application please check where you fall under in the salary schedule.

____ BA

____ MA

____ BA+15

____ MA+30

____ Doctorate

5. If applying for stipend, please list reason why stipend is preferred over CEUs.

____ I am ineligible to receive CEU credit for one of the following reasons:

____ I am on the BA+15 salary channel and have not yet earned a Master's Degree.

____ I am already on the MA+30 or Doctorate salary channel .

For Office Use Only:

Date Received: _____

____ Approved Budget Code: _____

____ Denied Reason: _____

Authorized Signature: _____