| Reimbursement Request for Certificated Stipend Program |
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| Request for |
| Certificated |
| Stipend |
| Program |

| School(s) Attended: Alaska Racific university Dates Attended: 4/6/17 Name of Course(s): | Hours Semester / Quarter |
|--|---|
| and Academic Tenacity Building Student | t Skills Rosiliance |
| Reimbursement Costs: Travel Tuition 4 25 °2 | * Check with district office for "dollar cost" # semester hours X dollar cost X 7 = COLA |
| \$12502 | eded com |
| Stipend requests are to be presented to the chairman of the selection committee in your building by October 31st (for summer courses) OR May 15th (for school year courses). They in turn will handle the requests and submit to the district office. Requests will then go the School Board for approval. I understand that reimbursement for all or part of the above educational plan obligates me to continue teaching in the Cordova School District for | in your building by October 31st (for summer courses) OR May 15th istrict office. Requests will then go the School Board for lightes me to continue teaching in the Cordova School District for |
| the school year Welly Xlack | all or part of the above educational plan obligates me to continue teaching in the Cordova School District for $\frac{5/i5/i7}{\text{Date}}$ |
| Title e | Member Signature |
| Committee he correct Negotiated Agreement for a full explanation of | explanation of the Stipend Program. |