



Private Schools - Title Funding – Professional Development Stipend

Name: _____ School: _____

Address: _____ Work/Home Phone: _____

City, St, Zip: _____ Email: _____

Please check if the address above is new.

Course Name: _____

Total Class Hours: _____ Date(s): _____

I certify I currently am in a position that meets Title II-A criteria by checking one of the following:

___ Classroom Teacher and I teach _____ grade(s) and subject(s)_____

___ Administrator

___ Other (please describe your position)

You must submit a W-9 and the agenda and/or notes with your stipend request.

Hourly rate for afterschool training is \$30.00 per hour TOTAL: _____

Participant Signature

Confirmation of Participant Attendance

PD Facilitator

Grant Approval

Fund	Function (Program)	Object (Account)	Location (Site Loc)	Area (Class)	Project (Grant)	Department
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