

ADENA LOCAL SCHOOLS

APPLICATION FOR ACADEMIC STIPEND

- A. The Board agrees to provide a total of \$35,000 for the school year to be used by teachers to supplement the cost of graduate credit course work in the areas of teaching or school administration and CEU credit earned on non-work time. Distribution of funds shall be limited to the percentage of the total fund compared to the total tuition requests for each contract year per each request, with no reimbursement being more than 100% paid. **Requests shall be submitted no later than the first day of school.** Requests submitted after that date shall not be considered unless unused funds are available.
- B. The Superintendent must approve courses in advance.**
- C. Courses shall be in a field related to teaching or administration of schools.
- D. Payments will be made by the last day of October, providing prior approval by the Superintendent was obtained, the teacher is in the employment of the Adena Local School District at that time, the course was completed with a grade of "B" or better, and **the teacher submits all grades and proof of payment to the district office no later than October 2.** If possible, teachers shall take graduate course work for a grade. If the course work cannot be taken for a grade, a "pass" shall qualify the course work for payment under the provision. In addition, the teacher shall be required to remain in the employment of the school district for the ensuing school year unless severance occurs through appropriate legal avenues. **No exceptions to the requirements herein will be made.** **It is the responsibility of each teacher to comply with the terms herein in order to be eligible for the academic stipend.**
- E. All funds not expended in one year shall be carried over and added to the dollar maximum for the following year.

Teacher's Name _____ Date _____

COURSE WORK FOR WHICH ACADEMIC STIPEND REQUESTED:

Course Number	Course Name	Date to be Taken	Hours*	Cost**
_____	_____	_____	_____	_____

*Indicate semester or quarter hours

**Must provide receipt or canceled check

Office Use Only:

Course Approved (Sup't. to initial)	Date Grade Received	Date Proof of Cost Received	Final Cost
_____	_____	_____	_____

Semester/Quarter Hours Approved _____ Total Disbursement _____

Superintendent's Signature _____