



Proposal to add/or change Supplemental Club/or Stipend

_____ Add supplemental

_____ Change supplemental pay

Supplemental/club Details:

Proposed stipend amount: \$ _____ from Group _____.

Mission of supplemental/club:

Why are you requesting to add/or make a change to this supplemental:

Benefits for VCHS students:

Please sign and return this form to your building activities director. This form must be submitted by February 1 to be considered for the next school year.

Name _____

Signature _____

Activities Director _____

_____ Approved

_____ Not approved

Principal _____

_____ Approved

_____ Not approved