



## BRISTOL WARREN REGIONAL SCHOOL DISTRICT

235 HIGH STREET, 2<sup>nd</sup> FLOOR, BRISTOL RI 02809

WWW.BWRSD.ORG (401) 253-4000

### ADVANCED DEGREE STIPEND APPLICATION

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ Assignment: \_\_\_\_\_

I hereby apply for the following advanced degree stipend beginning in the \_\_\_\_-\_\_\_\_ school year. I understand that a full or half increment will be paid providing this form and all documentation is received by the Superintendent's office prior to October 15th and March 1st, respectively.

- \_\_\_\_\_ Masters (attach official transcripts)
- \_\_\_\_\_ M+20 Credits (attach official transcripts\*\*)
- \_\_\_\_\_ M+30 Credits (attach official transcripts\*\*)
- \_\_\_\_\_ CAGS (attach official transcripts)
- \_\_\_\_\_ Doctorate (attach official transcripts)
- \_\_\_\_\_ National Board Certification (attach copy of certification)

**\*\*OFFICIAL BACHELOR'S AND MASTER'S TRANSCRIPTS MUST ALSO BE PROVIDED IF NOT ALREADY ON FILE.**

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Asst. Superintendent's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Approval: \_\_\_\_\_ Date: \_\_\_\_\_